

SECRET

Official Personnel Folder

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441100

RECEIVED



SECRET

REPRODUCTION MASTERS

CR1

BIOGRAPHIC PROFILE

H a n d l e W i t h C a r e

SECRET

00000
Fox, JEROME
PO Box 593514 AMF
M. AM, FL 33159

Ref. in 75

23 February 1977

Mr. Jerome Fox
P.O. Box 593514 AMF
Miami, Florida 33159

Dear Mr. Fox:

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

/s/

Chief, Control Division

Dist.
Orig. - Adsp.
1 - TRB
1 - OFF/FOX, Jerome
OP/TRB/PCS/GSmith:isa(23Feb77)

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☐ CONFIDENTIAL ☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

EXTENSION

NO

DATE

5695

02/22/77

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across columns after each comment.)

RECEIVED

FORWARDED

1.

OC/TRB

2.

Mr. Jerome Fox
P. O. Box 593514 AMF
Miami, FL 33159

3.

Dear Mr. Fox:

4.

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

5.

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Sincerely,

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110

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

21 MAY 1975

Mr. Jerome Fox

Dear Mr. Fox:

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

Director of Personnel

File - Mr. Bennett
95-6155

21 APR 1975

Mr. Jerome Fox
[redacted]

Dear Mr. Fox:

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

W. E. Colby

W. E. Colby
Director

Distribution:

0 - Addressee
1 - OPE

Originator: [redacted]

Director of Personnel

OP/RAD/ROB/ [redacted]

140/3257

(25 April 1975)

84 APR 1975

DL 44 23 MAY 75

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		3. NATURE OF PERSONNEL ACTION (RETIEMENT)		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
017374		FOA JFROIP		(DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM RSL		05 14 75		REGULAR	
6. FUNDS		7. PAY AND NSCA		8. CEC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATION		10. LOCATION OF OFFICIAL STATION	
X		5232 1332		PI 88-643 SECT 231					
V TO V		V TO CP				11. POSITION TITLE		12. POSITION NUMBER	
CP TO V		CP TO CP				OPS OFFICER		JCOF	
								13. SERVICE DESIGNATION	
								JAC	
14. CLASSIFICATION SCHEDULE (E, G, H, etc.)		15. OCCUPATION SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.31		13 6		75451			
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									

67 MAY 11 1964

1. The first of these is the fact that the

REQUEST FOR PERSONNEL ACTION

DATE RECEIVED

3 September 1974

1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) Fox, Jerome		3. DATE OF BIRTH 09 08 74		4. CAREER OF EMPLOYMENT Regular	
5. NATURE OF PERSONNEL ACTION Extended Sick Leave Pending Disability Retirement NTE: 14 MAY 75				6. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 08 74		7. CARRY-OUT OF EMPLOYMENT Regular	
8. FUNDS X V TO V C TO V				9. PAY AND POLA 5237-1392 0000		10. USUAL AUTHORITY (Complied by Office of Personnel)	
11. OCCUPATIONAL DESIGNATIONS DDO/EA Division Development Complement				12. LOCATION OF OFFICIAL STATION Wash., D. C.			
13. POSITION TITLE Ops Officer				14. POSITION NUMBER 9997		15. CAREER SERVICE DESIGNATION DMG	
16. CLASSIFICATION SYMBOL (GS, EA, etc.) GS		17. OCCUPATIONAL SERIES 0138.01		18. GRADE AND STEP 13 6		19. SALARY GRADE 21, 122	
20. REMARKS LWD: 6 September 1974 Pending Disability Retirement Reassigned from DDO/EA [] Position 4408 HB: EA							
21. OTHER							
22. SIGNATURE OF OFFICIAL [] DATE SIGNED []							
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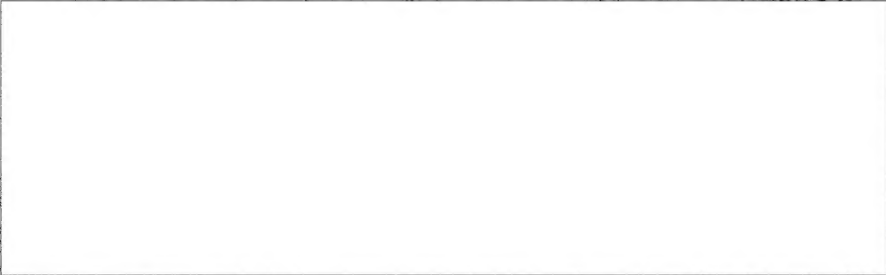
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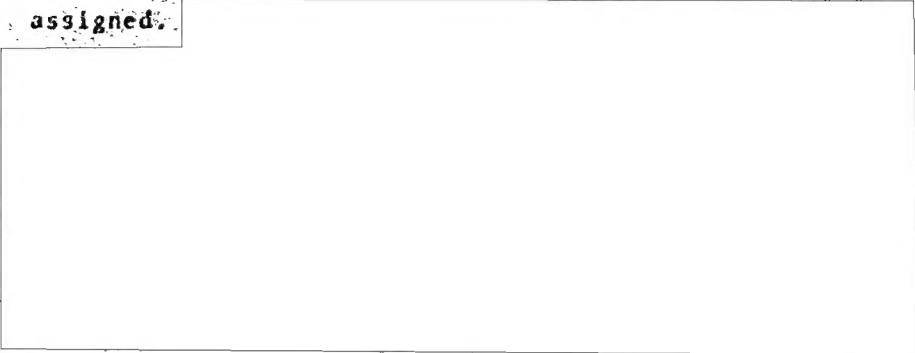
SUMMARY OF AGENCY EMPLOYMENT

Mr. Jerome Fox

1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials.



1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned.



Supervised a staff [REDACTED]

[REDACTED] and provided guidance and assistance to colleagues involved in similar activities. At various times was responsible for the staffing, budgeting and management of major programs and projects.

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

9 September 1974

1. SERIAL NUMBER

017974

2. NAME (Last-First-Middle)

Fox, Jerome

3. NATURE OF PERSONNEL ACTION

Reassignment

4. EFFECTIVE DATE REQUESTED

09 05 74

5. CATEGORY OF EMPLOYMENT

Regular

6. FUNDS

X

V TO V

V TO O

O TO V

O TO O

7. PAN AND NSCA

5237-1392

0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDO/EA Division
Development Complement

10. LOCATION OF OFFICIAL STATION

Washington, D.C.

11. POSITION TITLE

Ops Officer

12. POSITION NUMBER

9997

13. CAREER SERVICE DESIGNATION

DMG

14. CLASSIFICATION SCHEDULE (GS, LP, etc.)

GS

15. OCCUPATIONAL SERIES

0136-01

16. GRADE AND STEP

13 6

17. SALARY OR RATE

24,122

18. REMARKS

HB:EA

Reassigned from: DDO/EA/JK/K Position #4408

Pending Disability Retirement

OTHER

DATE SIGNED

CEA/PERS

09/10/74

PROVING OFFICER

CMG/MID

DATE SIGNED

11 Sep 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. UTILITY CODE	24. MONTHS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	18	45M/EA	75013	1				
28. RET. EXPIRES	29. SPECIAL PREFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/EXEMPTION DATA	33. SECURITY RES. NO.	34. SEC		
MO. DA. YR.								
35. PRIOR. PREVIOUS	36. SERV. COMP. DATE	37. LONG. LEAVE DATE	38. CAREER CATEGORY	39. HEALTH/HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE	0-NONE 1-1 YR 2-10 YR	MO. DA. YR.	MO. DA. YR.	CODE	CODE	CODE		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE	0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	CODE	CODE	CODE	CODE	CODE		
45. POSITION CONTROL CERTIFICATION				46. OF APPROVAL		DATE APPROVED		
CM 9/10/74						9/12/74		

FORM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

EX-7

6 SEP 1974

MEMORANDUM FOR : Mr. Jerome Fox

THROUGH : Head of D Career Service

SUBJECT : Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

Ronald Cage

Chief

Retirement Affairs Division

Distribution:

- 0 - Addressee
- 1 - D Career Service
- 1 - OMS
- 1 - OPE
- 1 - ROB Soft File
- 1 - ROB Reader

OP/RAD/ROB/ [] :jat/3257 (5 September 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

2 JUL 1974

MEMORANDUM FOR : Chairman, Board of Medical Examiners

SUBJECT : Request for Medical Evaluation -
Mr. Jerome Fox

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f.(4) of HR 20-50 be submitted to the Director of Personnel.
2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.
3. Mr. Fox will remain on duty pending a decision on his application for retirement.

R. L. Austin, Jr.
Deputy Director of Personnel
for Special Programs

Attachments:

- a. Supervisor's Statement
- b. Application

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Folder

OP/RAD/ROB/ [] jat/3257 (28 June 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, JEROME		3. JANUARY 1974	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 20 74		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X V TO V O TO V O TO O			7. FINANCIAL ANALYSIS NO. (CHARACTER) 4237-1374-0000		8. LEGAL AUTHORITY (Completed by Officer of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDO/EAST ASIA DIVISION			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 13 1400		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SYMBOLS (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 6	
17. SALARY OR RATE \$24,122		18. REMARKS FROM: EA/PMI #4024			
19. ACTION CODE 3710		20. EMPLOY CODE 4500		21. OFFICE CODING EA 7013	
22. STATION CODE 7013		23. INTEGRITY CODE 1		24. ADJUSTS CODE 1	
25. DATE OF BIRTH MO DA YR		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR	
28. NTE CLARIFY MO DA YR		29. SPECIAL REFERENCE MO DA YR		30. DEPARTMENT DATA MO DA YR	
31. VET. PREFERENCE CODE		32. SEPARATION DATA CODE TYPE MO DA YR		33. CORRECTION/CANCELLATION DATA MO DA YR	
34. SET (COMP. DATE) MO DA YR		35. LONG (COMP. DATE) MO DA YR		36. CAREER CATEGORY CODE	
37. HEALTH INSURANCE CODE		38. SOCIAL SECURITY NO. CODE		39. FEDERAL TAX DATA CODE	
40. STATE TAX DATA CODE		41. POSITION EXECUTED CODE		42. FEDERAL TAX DATA CODE	
43. POSITION CONTROL CERTIFICATION 11013 1-8-74		44. CP APPROVAL 1-9-74		45. DATE APPROVED 1-9-74	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

2 OCTOBER

1. SERIAL NUMBER 017974
2. NAME (Last - First - Middle) FOX, JEROME

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT AND TRANSFER TO
VOUCHERED FUNDS

4. EFFECTIVE DATE REQUESTED

MONTH DAY YEAR
10 14 73

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V
XX O TO V

7 TO O

O TO O

7. PAY AND NSCA

4237-1374-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION

DDO/EA DIVISION

10. LOCATION OF OFFICIAL STATION

WASH., D.C.

11. POSITION TITLE

OPS OFFICER

(D-13)

12. POSITION NUMBER

4024

13. CAREER SERVICE INNOVATION

D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

13 6.5

SALARY OR RATE

24,132

22,745

18. REMARKS

FROM: DDO/EA/PMI/MS/#4939/MANILA, P.I.

DATE SIGNED

10/2/73

DATE SIGNED

10-4-3

L. HARDT, C/EA/PMI

SPACES BELOW FOR EXCLUSIVE USE

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING ALPHABETIC	22. STATION CODE	23. INITIALS CODE	24. REGIONS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LST MO DA YR
28. RET. EXP. DATE MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA TYPE CODE	31. SEPARATION DATA CODE	32. CORRECTION DATA CODE	33. SECURITY RIG. NO.	34. SEC. FILE	EOD DATA	
35. VET. PREFERENCE CODE	36. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY CODE	39. HEALTH/HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1-TES 2-NO	44. STATE TAX DATA CODE	45. TAX EXEMPTIONS CODE	46. DATE APPROVED			

FORM 1152

USE PREVIOUS EDITION

SECRET

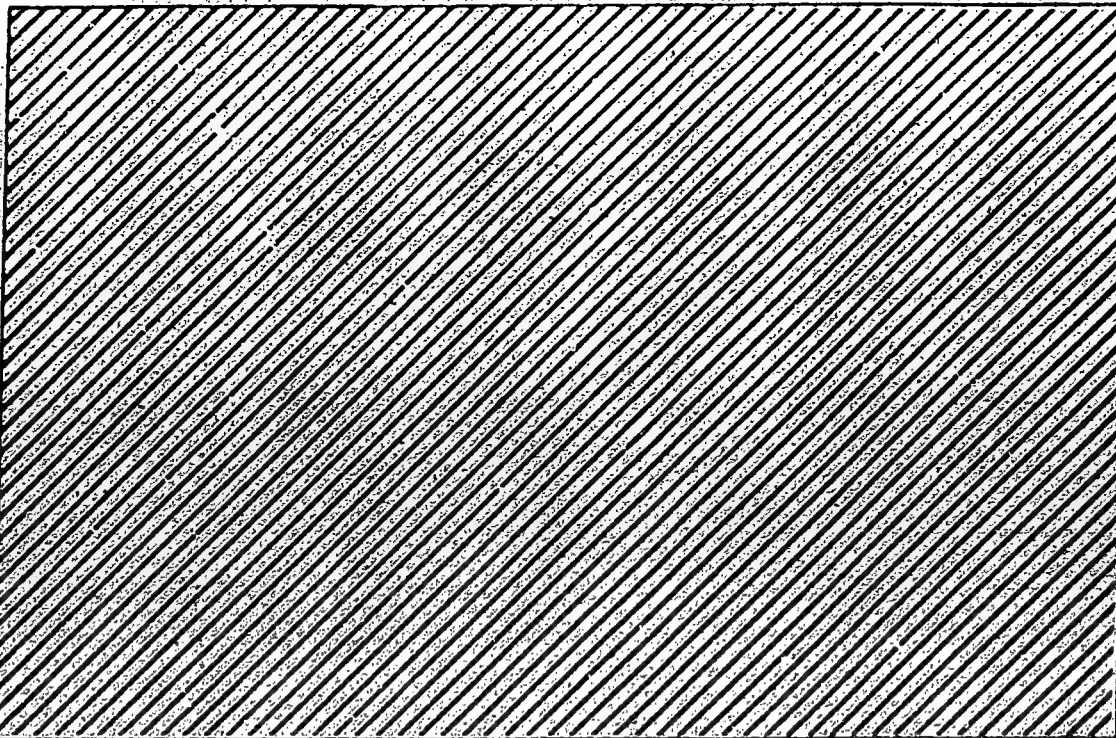


CLASSIFIED BY 01-0332

11-2

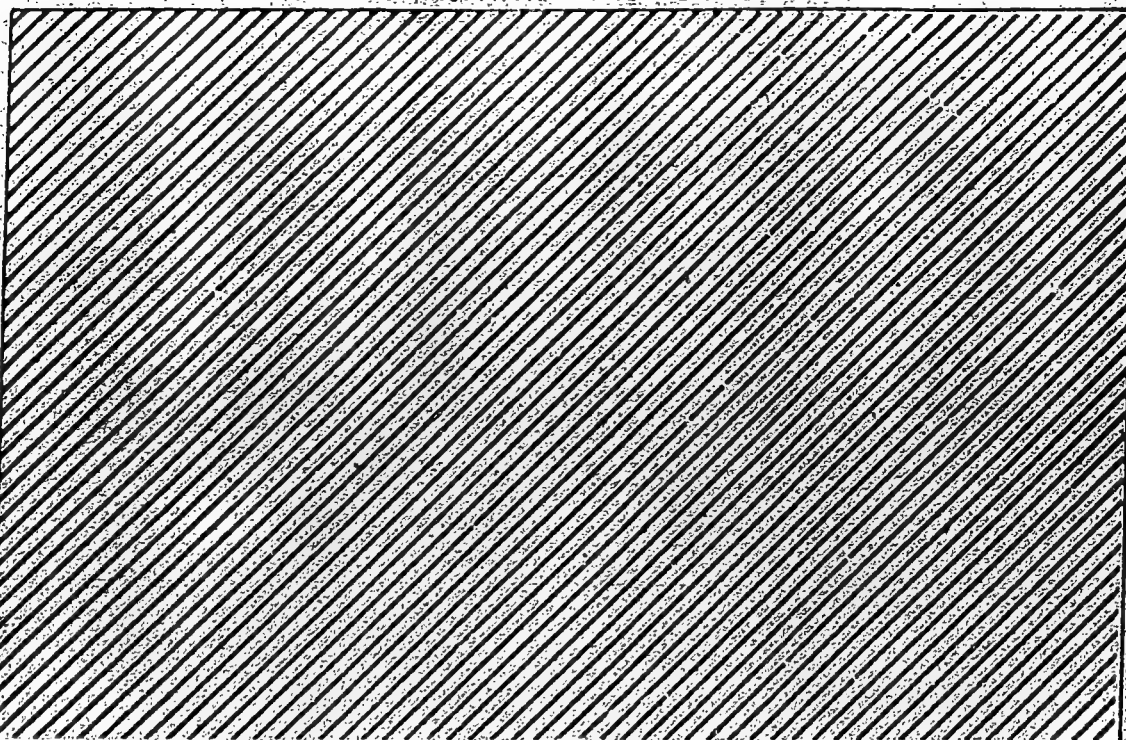
APR 8

14

ADMINISTRATIVE - INTERNAL USE ONLY

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
FOX, Jerome		74-0194
<p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>1 July 1973</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE	
11 Sept 1973		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
FOX, Jerome	Self	74-0096

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 June 1973.

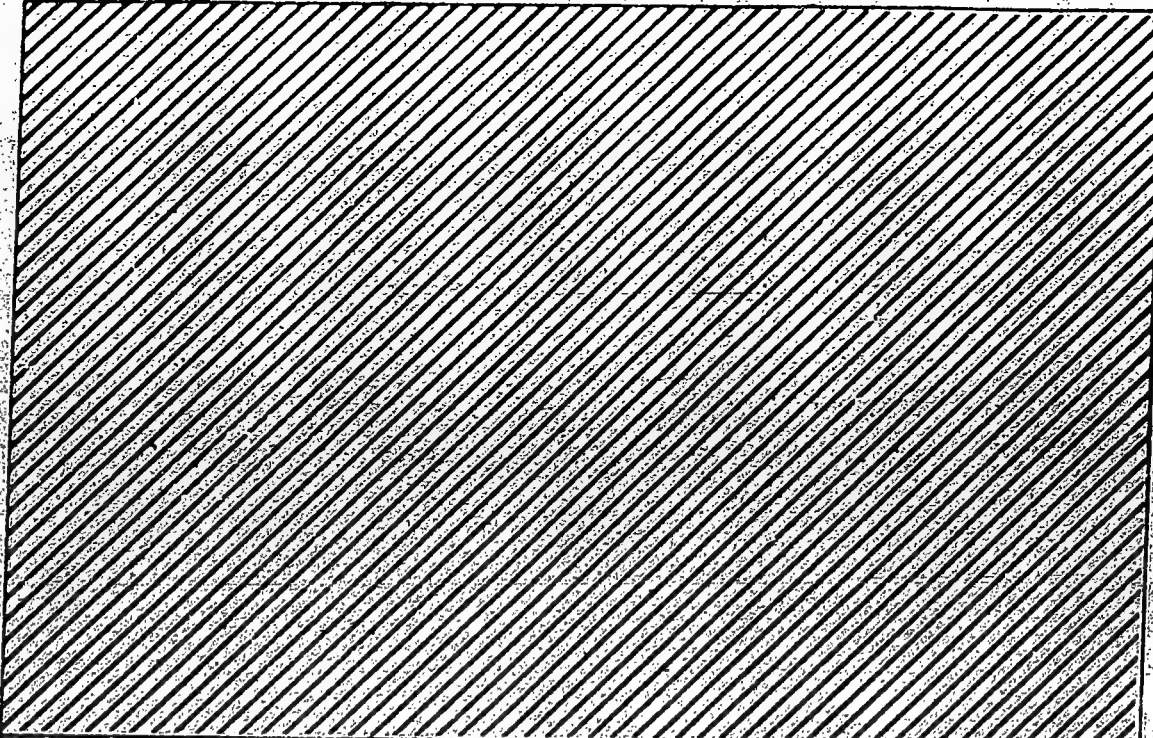
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF DSD REPRESENTATIVE
27 August 1973	



NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
FOX, Jerome	SELF	72-0959
<p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>18 February 1972</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF OSD REPRESENTATIVE	
9 May 72		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

1-21641

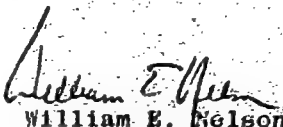
MEMORANDUM FOR: Deputy Director for Plans 20 Apr 71
THROUGH : Director of Personnel
SUBJECT : Departure Short of Tour and Home Leave -
Mr. Jerome Fox
REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.

2. Mr. Jerome Fox is a GS-13 Operations Officer who has been assigned to the [redacted] since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.

3. Mr. Fox's wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized Mr. Fox and children to accompany her on the voyage from [redacted] to the U. S.

4. [redacted] advises that the Fox Family can be accommodated on a ship scheduled to sail from [redacted] on 3 May. In order to make the sailing, Mr. Fox would have to depart post before completion of his tour. The Far East Division recommends approval for Mr. Fox to depart [redacted] short of tour for home leave.


William E. Nelson
Chief, Far East Division

CONCUR:


Director of Personnel

30 April 1971
Date

The request contained in Paragraph four is APPROVED:


Deputy Director for Plans

3 May 1971
Date

SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 017714		2. NAME (Last-First-Middle) FOX, JEROME		18 AUGUST 1970	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED 88121170		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V C TO V		7. FINANCIAL ANALYSIS NO. 1137-1639		8. LEGAL AUTHORITY (Complied by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FOREIGN FIELD			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE OPS. OFFICER			12. POSITION NUMBER 4945		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, PW) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 4	
17. SALARY OR RATE \$ 18,437.		18. REMARKS FROM: NAME/4947			
18A. DATE SIGNED 10		DATE SIGNED 10		DATE SIGNED 10	
FOR EXCLUSIVE USE					
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 45440 FE	22. STATION CODE 57557	23. INTEGRATE CODE 3	24. RIGHTS CODE
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. DATE OF GRADE	29. DATE OF GRADE	30. DATE OF GRADE
31. DATE OF GRADE	32. DATE OF GRADE	33. DATE OF GRADE	34. DATE OF GRADE	35. DATE OF GRADE	36. DATE OF GRADE
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FORM 1152 1-67 PREVIOUS EDITION

SECRET

CIRCULAR 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND
DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								18 AUGUST 1970		
017974		FOX, JIMMIE										
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT					MONTH DAY YEAR			REGULAR				
6. FUNDS		V TO V		V TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
C TO V		C TO C		1137-1639								
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION							
DIP/YE FOREIGN FIELD YE/PHI - BILATERAL TRANSFER												
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION				
OPS OFFICER					3-1A			D				
14. CLASSIFICATION SCHEDULE (GS, E.B., etc.)					15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE	
GS					0136-01			13 4			\$ 18,437.	
18. REMARKS												
FROM: 3AUG/1970												
18A. SIGNATURE OF REQUESTER												
DATE SIGNED 18 AUG 1970												
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER												
DATE SIGNED												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	24. EMPLOY CODE	21. OFFICE CODES		23. STATION CODE	25. INTEGRAL CODE	24. MONTHS CODE	25. DATE OF BIRTH	26. DATE OF GRACE	27. DATE OF (1)			
		NUMERIC	ALPHABETIC				MO. DA. YR.	MO. DA. YR.	MO. DA. YR.			
28. RATE EXPIRES	29. SPECIAL REFERENCE	30. OFFICER'S DATA		31. SEPARATION DATA CODE	32. CORRECTION/REGULATION DATA	33. SECURITY		34. SEE				
MO. DA. YR.		1-YES 2-NO	CODE			MO. DA. YR.	1-YES 2-NO					
35. VET PREFERENCE	36. SERV. COMP. DATA	37. LOSS/COMP. DATA	38. CAREER CATEGORY	39. FEDERAL HEALTH INSURANCE	40. SOCIAL SECURITY NO.							
CODE	MO. DA. YR.	MO. DA. YR.	CODE	CODE	MO. DA. YR.	CODE						
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. ALIAS CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
1-NO PREVIOUS SERVICE 2-NO EXCEED 10 YEARS 3-EXCEED 10 YEARS (LESS THAN 3 YEARS) 4-EXCEED 10 YEARS (MORE THAN 3 YEARS)				CODE	CODE	MO. DA. YR.	CODE	MO. DA. YR.				
45. POSITION CONTROL CERTIFICATION					46. OFF. APPROVED		DATE APPROVED					

FORM 1152 USE PREVIOUS EDITION

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EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

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REQUEST FOR PERSONNEL ACTION										DATE PREPARED																																																																															
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017974		FOX, JEROME																																																																																							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT																																																																																		
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18. REMARKS																																																																																									
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61. DATE APPROVED 04-30-69																																																																																									

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER				11 April 1968	
2. NAME (Last-First-Middle)					
017974 FOX, Jerome					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED	
CONVERSION FROM FBR STATUS				MONTHS 04 DAY 06 YEAR 68	
5. CATEGORY OF EMPLOYMENT				REGULAR	
6. FINANCIAL ANALYSIS NO. CHARGEABLE				8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9137-1375					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION	
DDP/PS FE-PHI -				WASHINGTON, D. C.	
11. POSITION TITLE				12. POSITION NUMBER	
OPS OFFICER (13)				4024	
13. OCCUPATIONAL SERIES				14. GRADE AND STEP	
0136.01				13 3	
15. SALARY OR RATE				16. COMMENTS	
15,360				Wash, D.C. New Dev (FE)	
17. FROM: Same					
18. DATE SIGNED				19. DATE SIGNED	
4/10/68				4/10/68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. STATION CODE		21. OFFICE CODE		22. STATION CODE	
S-10		45146 FE		75013	
23. SPECIAL REFERENCE		24. RETIREMENT DATA		25. SEPARATION DATA	
26. NEW CORP. DATE		27. LONG CORP. DATE		28. CAREER CATEGORY	
29. SOCIAL SECURITY NO.		30. HEALTH INS. CODE		31. SOCIAL SECURITY NO.	
32. FEDERAL TAX DATA		33. STATE TAX DATA		34. SOCIAL SECURITY NO.	
35. FEDERAL TAX DATA		36. STATE TAX DATA		37. SOCIAL SECURITY NO.	
38. FEDERAL TAX DATA		39. STATE TAX DATA		40. SOCIAL SECURITY NO.	
41. FEDERAL TAX DATA		42. STATE TAX DATA		43. SOCIAL SECURITY NO.	
44. FEDERAL TAX DATA		45. STATE TAX DATA		46. SOCIAL SECURITY NO.	
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89. FEDERAL TAX DATA		90. STATE TAX DATA		91. SOCIAL SECURITY NO.	
92. FEDERAL TAX DATA		93. STATE TAX DATA		94. SOCIAL SECURITY NO.	
95. FEDERAL TAX DATA		96. STATE TAX DATA		97. SOCIAL SECURITY NO.	
98. FEDERAL TAX DATA		99. STATE TAX DATA		100. SOCIAL SECURITY NO.	

FORM 1132-100 (REV. 1-67)

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(S) (See Form 10)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						3. DATE PREPARED			
017974		FOE JEROME						19 OCTOBER 1968			
4. NATURE OF PERSONNEL ACTION				5. EFFECTIVE DATE REQUESTED		6. CATEGORY OF EMPLOYMENT					
PROMOTION				10 30 68		REGULAR					
7. FINANCIAL ANALYSIS (NO CHARGEABLE)				8. LEGAL AUTHORITY (Complied by Office of Personnel)							
9137 1375											
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICIAL STATION							
DDP/FE FE/PHI -				WASH., D. C.							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
OFF OFFICER (D-13)				4034							
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FBR GS				0136.01		05/5 13/3		\$13,330 \$16,369			
18. REMARKS											
FROM: SAME (05-12/6 to 05-12/3)											
<i>Payroll called</i>											
1. OF SO FE/DAF											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED			
				10/27/68				11/27/68			
SPACE BELOW FOR EXCLUSIVE USE											
19. ACTION CODE	20. EMPLOY CODE	21. SERVICE CODES	22. STATUS CODE	23. INTEREST CODE	24. RIGHTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI			
03	10	45/45 FL	75/13	S	1						
28. RES ID CODE	29. SPECIAL PREFERENCE	30. EST. EMPLOY DATE	31. OPERATION DATA CODE	32. LENGTH OF SERVICE DATA	33. SECURITY	34. LSI	ECO DATA				
35. PAY PREFERENCE	36. GDS EMP CODE	37. GDS EMP DATE	38. CAREER CATEGORY	39. FISCAL YEAR DATA	40. FISCAL YEAR DATA	41. SOCIAL SECURITY NO.					
42. POSITION CONTROL OR OPERATION	43. LEAVE CAT	44. FISCAL YEAR DATA	45. FISCAL YEAR DATA	46. FISCAL YEAR DATA	47. FISCAL YEAR DATA	48. FISCAL YEAR DATA					

FORM 1152 USE PREVIOUS EDITIONS

SECRET

REPRODUCTION OF THIS FORM IS PROHIBITED

S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for Mr. Jerome A. Fox

1. FE Division recommends the promotion of Mr. Jerome A. Fox from GS-12 to GS-13.

2. Mr. Fox first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted] In April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.

3. In the DDP Mr. Fox first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed effectively in both liaison and unilateral operations [redacted] He personally recruited several agents and established a successful [redacted] He was first recommended for promotion to GS-13 during his Vietnam tour.

4. In November 1966 Mr. Fox joined FE/PMI, first on the [redacted] He has served as [redacted] Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. Mr. Fox writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment [redacted] in 1969. In view of his strong Headquarters desk performance and his previous recommendation from Vietnam, Mr. Fox was recommended for promotion again in February 1968.

5. Mr. Fox is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS-13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.

William E. Nelson
William E. Nelson
Chief, Far East Division

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SIGNAL NUMBER 017974				2. NAME (Last-First-Middle) FOX, JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MO: 05 DAY: 19 YEAR: 68		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDING V TO V U TO V XX U TO O			7. FINANCIAL ANALYSIS NO. 8237-1375		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATION DDP/VE			10. LOCATION OF OFFICE STATION WASHINGTON, D.C.		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 4025		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SYMBOL (G, I, B, etc.) FUR 08		15. OCCUPATIONAL SYMBOL 0136.01	16. GRADE AND STEP 5/5 12/5		17. SALARY OR RATE 12,604 12,989
18. REMARKS FROM: DEVELOPMENT COMP. SLOT WAS VACANT X Wash, DC					
19. SIGNATURE OF REQUESTING OFFICIAL CFF/Boys		DATE SIGNED 12 May 68		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL 10 May 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE	22. EMPLOY CODE	23. WORK CODES FUNCTIONAL ALPHABETIC	24. STATION CODE	25. LISTABLE CODE	26. REPORT CODE
27. DATE OF BIRTH MO DAY YEAR	28. DATE OF MARRIAGE MO DAY YEAR	29. DATE OF DEATH MO DAY YEAR	30. DATE OF RESIGNATION MO DAY YEAR	31. DATE OF RETIREMENT MO DAY YEAR	32. DATE OF DEATH MO DAY YEAR
33. DATE OF ENTRY MO DAY YEAR	34. DATE OF ENTRY MO DAY YEAR	35. DATE OF ENTRY MO DAY YEAR	36. DATE OF ENTRY MO DAY YEAR	37. DATE OF ENTRY MO DAY YEAR	38. DATE OF ENTRY MO DAY YEAR
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30 January 1968

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion from GS-12 to GS-13 of Mr. Jerome Fox

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of Mr. Fox from GS-12 to GS-13.

2. Mr. Fox was initially assigned to the [redacted] as an Operations Officer responsible for Headquarters support of the [redacted] Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background [redacted] Mr. Fox quickly got on top of the material and projects and made a valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. Mr. Fox was subsequently assigned to the [redacted] Desk

[redacted] was also marked by a high degree of professionalism and competence.

4. Mr. Fox is a capable and experienced Operations Officer. He has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that Mr. Fox be promoted to GS-13.

[redacted]
Acting Chief, FE/PMI

SECRET

18. We failed to:

REQUEST FOR PERSONNEL ACTION

DATE RECORDED

17 November 1967

1. SERIAL NUMBER 01797		2. NAME (Last-First-Initial) FOX, Jerome	
3. NATURE OF PERSONNEL ACTION Suspension (For three working days)		4. EFFECTIVE DATE REQUESTED DOB DAY YEAR 04 02 68	
5. BASIS ▼ V TO V C TO V		6. EMPLOYMENT CATEGORY Regular	
7. ORGANIZATIONAL DESIGNATION DDP/FE Development Complement		8. FINANCIAL ANALYSIS NO. 8137-1375	
9. LOCATION OF OFFICIAL STATION Washington, D.C.		10. LEGAL AUTHORITY (if completed by Office of Personnel) 50 USC 403 J	
11. POSITION TITLE Ops Officer		12. POSITION NUMBER 999	
13. CLASSIFICATION/SCHEDULE (F, G, GS, etc.) FIR GS		14. OCCUPATIONAL SERIES 0136.01	
15. GRADE AND STEP 5 5 12 5		16. SALARY OR PAY 12,000 \$ 12,000	
17. REMARKS Figure 1150 Remarks: Suspended for three working days for infraction of Agency physical security regulations. To return to duty BOB [redacted] 4 April 1968. Employee is warned that further violations will be viewed with extreme seriousness.			
18A. SIGNATURE OF HEADSTATION OFFICIAL [redacted]		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL [redacted]	
DATE SIGNED [redacted]		DATE SIGNED 28 May 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. HIRING DATE (MO) (DA) (YR)	20. EMPLOY DATE (MO) (DA) (YR)	21. DATE OF LAST PROMOTION (MO) (DA) (YR)	22. DATE OF LAST INCREASE (MO) (DA) (YR)
23. DATE OF LAST SEPARATION (MO) (DA) (YR)	24. DATE OF LAST RE-EVALUATION (MO) (DA) (YR)	25. DATE OF LAST SECURITY CHECK (MO) (DA) (YR)	26. DATE OF LAST MEDICAL EXAMINATION (MO) (DA) (YR)
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1199 1941 February 19/20

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Figure 1

27 MAR 1961

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED																																														
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1. SERIAL NUMBER 017978		2. NAME (Last-First-Middle) FOX, JEROME																																																
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 67		5. CATEGORY OF EMPLOYMENT REGULAR																																														
6. FUND 0 100		7. FINANCIAL ANALYSIS NO. 8137 1375		8. LEGAL AUTHORITY (Completed by Office of Personnel)																																														
9. ORGANIZATIONAL DESIGNATION DDP/FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.																																																
11. POSITION TITLE OPS. OFFICER		12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D																																														
14. CLASSIFICATION SCHEDULE (F.S. 1-5) FSR GS		15. OCCUPATIONAL SERIES 0136.01		17. SALARY OR RATE 12,074 12,443																																														
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K-1157

1000-100 PERSONNEL ACTION

SECRET

1000-100 PERSONNEL ACTION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 30 October 1967	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, Jerome			
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 19 67		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> V TO V C TO V </div> </div>		X V TO C C TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1392	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/Development Complement			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Ops Officer			12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		17. SALARY OR RATE \$ 12,443	
16. REMARKS FROM: DDP/FE/PMI/ /3977 Subject is being assigned to the [redacted] NTE: [redacted] and training for overseas assignment <div style="text-align: center;">✱</div>					
18. [redacted]		DATE SIGNED 1 OCT 1967		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE 90	21. EMPLOY CODE 103	22. OFFICE CODES PHONETIC ALPHABETIC LS492 FE	23. STATION CODE 25013	24. INTEREST CODE 1	25. DATE OF BIRTH MO DA YR [redacted]
26. NET ADDRESS MO DA YR [redacted]	27. SPECIAL REFERENCE [redacted]	28. OFFICIAL DATA [redacted]	29. SEPARATION DATA CODE [redacted]	30. COLLECTION (EXEMPTION) DATA TYPE MO DA YR [redacted]	31. SECURITY REG NO [redacted]
32. NET PREFERENCE CODE 1-5 [redacted]	33. SLEW LEAD DATA MO DA YR MO DA YR [redacted]	34. LEAD CATEGORY CODE 1-5 [redacted]	35. FIELD HEALTH SURVEILLANCE CODE 1-5 [redacted]	36. SOCIAL SECURITY NO [redacted]	
37. PHYSICAL FITNESS GOVERNMENT REPORT CODE 1-5 [redacted]		38. LEAD CAT CODE [redacted]	39. REGION TAX DATA CODE 1-5 [redacted]		40. STAFF TAX DATA CODE 1-5 [redacted]
41. POSITION COMMENTS/CONTINGENCIES [redacted]		42. O.P. APPROVAL [redacted]		DATE APPROVED [Signature]	

1152

PERSONNEL ACTION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When filled in)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 May 1967

1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, Jerome		3. NATURE OF PERSONNEL ACTION Reassignment		4. EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 21 YEAR: 67		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS X V TO V O TO V		V TO O O TO O		7. COST CENTER NO. CHARGEABLE 7237-1385		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/FE				10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE Ops Officer				12. POSITION NUMBER D-12 3877		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5		17. SALARY OR RATE \$ 12,443			
18. REMARKS FROM:									

18A. DATE SIGNED 5/15/67		18B. SIGNATURE OF CAREER SERVICE [Signature]		18C. DATE SIGNED 5/18/67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37 10		20. EMPLOY CODE 43740		21. OFFICE CODES NUMERIC: 43740 ALPHABETIC: E	
22. STATION CODE 75412		23. INTEGRITY CODE 1		24. MONTHS 1	
25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LSI MO. DA. YR.	
28. INT. EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1-CM 2-FIA 3-NONE		30. RETIREMENT DATA CODE	
31. SEPARATION DATA LOSS		32. CORRECTION CANCELLATION DATA PPH MO. DA. YR.		33. SECURITY REQ. NO.	
34. LSI PREFERENCE CODE 1-1/1 2-1/1/1		35. SSBY COMP DATE MO. DA. YR.		36. LONG COMP DATE MO. DA. YR.	
37. CAREER CATEGORY CAP. PIV. PIV. TYP.		38. HEALTH INSURANCE CODE 1-1 2-1		39. SOCIAL SECURITY NO.	
40. PREVIOUS COMPONENT SERVICE DATA CODE 1-NO PREVIOUS SERVICE 2-NO PREVIOUS SERVICE 3-NO PREVIOUS SERVICE		41. LEAVE (L) CODE 1-1 2-1		42. FEDERAL TAX DATA FORM EXECUTED CODE 1-1 2-1	
43. POSITION CONTROL CERTIFICATION		44. STATE TAX DATA FORM EXECUTED CODE 1-1 2-1		45. DATE APPROVED 05/16/67	

FORM 1152 USE PREVIOUS EDITION

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(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 017974										20 October 1966	
2. NAME (Last-First-Middle) FOX, Jerome											
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds										4. EFFECTIVE DATE REQUESTED MONTH: 11 DAY: 20 YEAR: 66	
5. FUNDS V TO V C TO V O TO O										6. CATEGORY OF EMPLOYMENT Regular	
7. FINANCIAL ANALYSIS NO. CHARGEABLE 7237-1385										8. LEGAL AUTHORITY (Completed by Dept. of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE										10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Ops Officer										12. POSITION NUMBER 4025	
13. CAREER SERVICE DESIGNATION D-12										D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS										15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP 12 5										17. SALARY OR RATE \$ 12,443	
18. REMARKS FROM: [Redacted] Subject: is occupying a vacant slot. cy Security cy FE/B&F Security Approval: [Redacted] 10/26/66 11/3/66											
19. DATE SIGNED 10/31/66										20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 11/3/66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 16	22. EMPLOY CODE 10	23. OFFICE CODE 45140 FE	24. STATION CODE 25613	25. INITIALES CODE 1	26. MONTHS CODE 1	27. DATE OF BIRTH MO: DA: YR:	28. DATE OF GRADE MO: DA: YR:	29. DATE OF LEI MO: DA: YR:	30. SECURITY REG. NO.	31. SEX	32. SOCIAL SECURITY NO.
33. VET PREFERENCE COOP	34. VET COMP DATE MO: DA: YR:	35. VET COMP DATE MO: DA: YR:	36. VET COMP DATE MO: DA: YR:	37. VET COMP DATE MO: DA: YR:	38. VET COMP DATE MO: DA: YR:	39. VET COMP DATE MO: DA: YR:	40. VET COMP DATE MO: DA: YR:	41. VET COMP DATE MO: DA: YR:	42. VET COMP DATE MO: DA: YR:	43. VET COMP DATE MO: DA: YR:	44. VET COMP DATE MO: DA: YR:
45. POSITION CONTROL CERTIFICATION 11-03-66N											
46. O-P APPROVAL 11-03-66											

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EXEMPT FROM GDS-2 OPERATIONS AND DECLASSIFICATION

(10)

SECRET

(When Filled In)

F23

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				8 Sept 66	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, JEROME			
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 25 66	
5. CATEGORY OF EMPLOYMENT REGULAR				6. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
7. FINANCIAL ANALYSIS NO. CHARGEABLE 7137-1487		8. ORGANIZATIONAL DESIGNATION DDP/FE			
9. LOCATION OF OFFICIAL STATION DAIGON, SOUTH VIET NAM		10. POSITION NUMBER 12			
11. POSITION TITLE		12. CAREER SERVICE DESIGNATION D			
13. CLASSIFICATION SCHEDULE (GS, LB, etc.)		14. OCCUPATIONAL SERIES		15. GRADE AND STEP	
				16. SALARY OR RATE	
17. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATUS CODE	23. PAYSCALE CODE	24. POSTING CODE
25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LHI MO DA YR	28. DATE OF DEATH MO DA YR	29. DATE OF DEATH MO DA YR	30. DATE OF DEATH MO DA YR
31. RETIREMENT DATA 1-EN 2-ENR 3-ENR	32. SEPARATION DATA CODE	33. CORRECTION/RECALL DATA MO DA YR	34. SECURITY MO DA YR	35. SEC MO DA YR	36. SEC MO DA YR
37. VET PREFERENCE CODE 0-NO PREFERENCE 1-5 YR 2-10 YR	38. SICK COMP DATA MO DA YR	39. LONG COMP DATA MO DA YR	40. CAREER CATEGORY CODE 0-NO CAREER 1-1 2-2 3-3	41. LEGAL HEALTH INSURANCE CODE 0-NO HEALTH 1-1 2-2 3-3	42. SOCIAL SECURITY NO.
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO MORE THAN 5 YEARS 2-LESS THAN 5 YEARS 3-5 YEARS OR MORE	44. LEAVE CAT CODE 0-NO LEAVE 1-1 2-2 3-3	45. PERSONAL TAX DATA CODE 0-NO TAX EXEMPTIONS 1-1 2-2 3-3	46. STATE TAX DATA CODE 0-NO STATE TAX 1-1 2-2 3-3	47. STATE TAX DATA CODE 0-NO STATE TAX 1-1 2-2 3-3	48. STATE TAX DATA CODE 0-NO STATE TAX 1-1 2-2 3-3
49. POSITION CONTROL CERTIFICATION OS-1666			50. CO APPROVAL See memo signed by D/Pers dated 2/8/66		

FORM 1152 USE PREVIOUS EDITION
SEP 66

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GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION
DATE 11-11-2011 BY 60320

The New York Times

SECRET

14-00000 (Rev. 1-1-63)

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(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						17 September 1964			
017974		FOX, Jerome,									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT					
				MONTH DAY YEAR 9 18 64		Regular					
6. PAY/28				7. COST CENTER NO. CHARGE		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
V TO V O TO V X O TO O				5137-1392							
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICIAL STATION							
DDP/PL 25/CS Development Complement				Washington, D. C.							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
Ops Off				9997		D					
14. CLASSIFICATION SCHEDULE (G.S. F.R. No.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
FSR GS		0136.01		5 2 12 4		\$10,290 \$11,315					
18. REMARKS											
All sick and 811 hours annual leave to be transferred											
MARITAL STATUS: Married											
Training											
19. ACTION CODE				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED			
55 13											
21. OFFICE CODING											
22. STATION CODE											
23. INTEREST CODE											
24. DUTIES CODE											
25. DATE OF BIRTH											
26. DATE OF GRADE											
27. DATE OF HI											
28. SECURITY RIG 50											
29. SOCIAL SECURITY NO.											
30. HEALTH INS. CODE											
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(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 3 September 1964	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) FOX, JEANNE									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 9 13 64		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V C TO V		X C TO C		7. COST CENTER NO. CHARGEABLE 5137-1392		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP/FE <i>cs/cs</i> DEVELOPMENT COMPLEMENT						10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, PM, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 @ 4		17. SALARY OR RATE 11,315 \$10,960					
18. REMARKS FROM: DDP/FE FE/VNC - VIETNAM, CAMBODIA NORTH VIETNAM SECTION <i>Security Approval Granted by Pers. SD/35 9/19/64</i> <i>9/14/64</i>											
<div style="display: flex; justify-content: space-between;"> <div> <p>ONE COPY TO SECURITY</p> <p>ONE COPY TO VOUCHERED PAYROLL</p> <p>FOR FURTHER INFORMATION CALL 55459</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Recorded by CSFH <i>SLR</i></p> </div> </div>											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED 9/11/64		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED 9-11-64	
OFFICE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 20 13	20. EMP. CODE 46997	21. OFFICE CODING NUMERIC ALPHABETIC 12		22. STATION CODE 15213	23. INTEREST CODE	24. HOUSING CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LIT MO. DA. YR.	28. SECURITY RIG NO.	
29. SPECIAL RIFERANCE	30. RETIREMENT DATA 1-YES 2-NO	31. SEPARATION DATA CODE	32. CORRECTION TYPE	33. SOCIAL SECURITY NO.	34. HEALTH INSURANCE 3-BAVIER 4-YES	35. SOCIAL SECURITY NO.	36. STATE TAX DATA MO. DA. YR.	37. STATE TAX DATA MO. DA. YR.	38. STATE TAX DATA MO. DA. YR.	39. STATE TAX DATA MO. DA. YR.	
40. POSITION CONTROL INFORMATION				41. APPROVAL				DATE APPROVED 9-11-64			

FORM 6-63 1132 USE PREVIOUS EDITIONS

SECRET

EXEMPTION AUTHORITY DERIVED FROM
AND DERIVED FROM

SUBJECT: Letter of Commendation

TO: COLONEL FRUD DUMPER
Commander, Det #4 (PACATIC)
1125th USAF Field Activities
(ATIC) APO 94

1. The successful outcome of the Aerospace Technical Intelligence Course conducted at Nichols Air Base, Pasay City, has been due to the indefatigable efforts exerted by the training team of your unit from 12 to 23 June 1961.

2. During that brief period your team displayed professional competence and mastery of the subject. They successfully imparted to the students vital data on the procedural aspects of gathering aerospace technical intelligence. Their extensive use of training films further enhanced the student's learning process and the practical training they gave in intelligence photography will go a long way in helping PAF personnel assimilate important technical aspects. They are, indeed, a credit to your organization.

3. It is, therefore, with great pleasure that I commend the following members of your team for the valuable services they rendered to the Philippine Air Force:

1LT COL ROBERT O. TUCKERMAN 35042A
MAJOR ROBERT A. TONINOST MA62A
MAJOR JONATHAN R. CLIVE 167101
CAPT RYAN L. HAYES 40-2312014
DR. JAMES E. JOY
17521 CHARLES F. MILLER AF-10376500

4. It is requested that a copy of this commendation form be placed in each individual's military personnel record.

JAMES A. VICKERS

Colonel, USAF

Headquarters, USAF

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
9 MARCH 1963

1. SERIAL NUMBER 017974 ✓ 2. NAME (Last-First-Middle) FOX, JEROME ✓

3. NATURE OF PERSONNEL ACTION REASSIGNMENT And change of Service Designation 4. EFFECTIVE DATE REQUESTED 04 MAY 1963 5. CATEGORY OF EMPLOYMENT REGULAR

6. FUNDS XX V TO V V TO CP CP TO V CP TO CP 7. COST CENTER NO. CHARGE 3237-1250-1000 8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION DDP/FE FE/VCL - VIETNAM - CAMBODIA - LAOS VIETNAM OPERATIONS SECTION VI/CI OPERATIONS UNIT 10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.

11. POSITION TITLE OPS OFFICER 12. POSITION NUMBER 2608 13. CAREER SERVICE DESIGNATION D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS 15. OCCUPATIONAL SERIES 0136.01 16. GRADE AND STEP 12 X2 17. SALARY OR RATE \$9790 ✓

18. REMARKS FROM: DDI/OWR OFFICE OF THE ASSISTANT DIRECTOR ANALYSIS BRANCH/1564 May 2 ONE COPY TO SECURITY 3/24/63 DM 4/12/63 CONCUR: [Signature] 15 Apr 63 Date DDI/OWR CONCUR: [Signature] 15 Apr 63 Date Mr. Jerome Fox

19. SIGNATURE OF CAREER SERVICE APPROVING 18 Apr 63

19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODE		22. STATION CODE		23. INTEREST CODE		24. MONTHLY CODE		25. DATE OF ENTRY		26. DATE OF LEAVE	
37		10		50160		FE		15013							
27. DATE EXPIRES		28. SPECIAL REFERENCE		29. RESIGNMENT DATA		30. REPRODUCTION CODE		31. CONNECTION/CONNECTION DATA		32. SECURITY REQ. NO.		33. SEE		34. SEE	
										FOU DATA					
35. VET. PREFERENCE		36. SENIORITY		37. LMS. COMP. DATE		38. LMS. CATEGORY		39. SOCIAL SECURITY NO.		40. SOCIAL SECURITY NO.		41. SOCIAL SECURITY NO.		42. SOCIAL SECURITY NO.	
43. PREVIOUS EMPLOYMENT SERVICE DATA		44. FEDERAL EMP. DATA		45. STATE EMP. DATA		46. FEDERAL EMP. DATA		47. STATE EMP. DATA		48. FEDERAL EMP. DATA		49. STATE EMP. DATA		50. FEDERAL EMP. DATA	

43. POSITION CONTROL CERTIFICATION 44. O.P. APPROVAL DATE APPROVED

8 Mar 1963

MEMORANDUM FOR: CERO/Branch C

SUBJECT: Mr. Jerome Fox, Request for Reassignment from
DDI/OSR to FR/VCL

1. The FR Division requests that arrangements be made with the DDI/OSR for the reassignment of Mr. Jerome Fox, GS-12, to the VCL Branch to work on the recently approved North Vietnam program. The Vietnam Desk of VCL has a requirement for an officer to devote full time to the collection, collation and evaluation of material available on North Vietnam. This material, once assembled, will be used as a basis for both paramilitary and psychological warfare operations to be mounted against North Vietnam. It is felt that Mr. Fox is particularly qualified for this assignment with his excellent background as a research officer and the experience gained on his Far East assignment in 1959-62. The knowledge he gained at that time of covert operations in relation to his DDI responsibilities will be helpful to him in the work envisioned for him in FR/VCL. Mr. Fox has traveled in Southeast Asia and also dealt with North Vietnam as an operational target during his military service 1952-54.

2. It is our understanding that Mr. Fox is available for reassignment. He has been interviewed by Division officers who feel his assignment would satisfy an important requirement on this priority program. It is requested that his assignment to FR/VCL, without a change in Service Designation, be arranged with DDI for approximately one year. At the end of that time, based on a review of Mr. Fox's capabilities and interest in relation to a permanent FR assignment, the possibilities of a change of service designation would be explored.

[Redacted Signature]

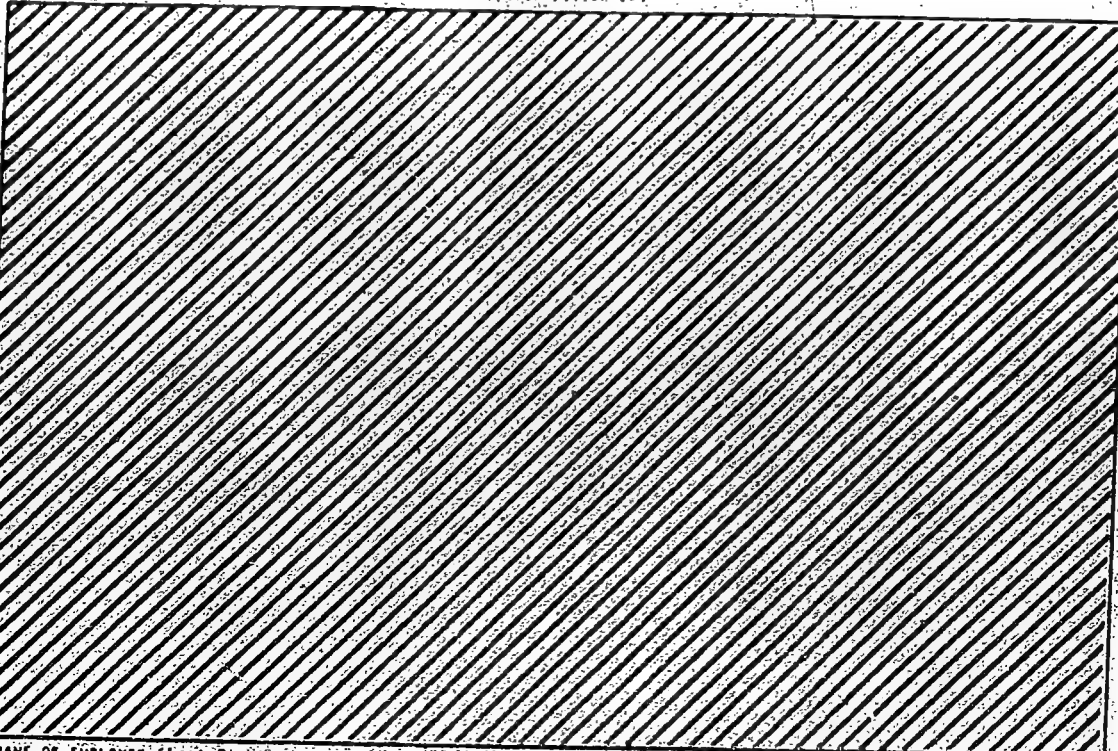
Acting Chief, Far East Division

Approved by C/PNC
R.S. Sherry, Secy/PNC
15 MAR 1963

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		23 November 1962	
017974		FOX, Jerome ✓			
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 22 62		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS V TO V CF TO V XX			7. COST CENTER NO. CHARGE- ABLE 3257-1019-6000		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDI/RRR Office of the Assistant Director Analysis Branch			10. LOCATION OF OFFICIAL STATION Washington, D. C.		
11. POSITION TITLE I.O. (Factory Markers)			12. POSITION NUMBER 1564	13. CAREER SERVICE DESIGNATION IR	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 139C-08 0132-00	16. GRADE AND STEP 12 2	17. SALARY OR RATE 9,700	
18. REMARKS Attached are: Form W-4, Employee's Withholding Exemption Certificate Form D-4-A, Certificate of Non-Residence in the District of Columbia Form Va.-4, Virginia Employee's Withholding Exemption Certificate. Copies to: Payroll Security 17/11/62					
19. SIGNATURE OF REQUESTING OFFICIAL SE/RR/RR			DATE SIGNED 23 Nov. 62	19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER AD/RR	
				DATE SIGNED 17 DEC 1962	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19A. ACTION CODE 10	20. EMPLOY CODE 10	21. OFFICE CODE 28100	22. STATION CODE ORR	23. EMPLOY CODE 75013	24. MOBILE CODE 1
25. DATE EXPIRES NO. DA. YR.	26. SPECIAL REFERENCE	27. RETIREMENT DATA 1 - CSP 2 - FICA 3 - NONE	28. SEPARATION DATA DATA CODE	29. CORRECTION/CANCELLATION DATA TYPE	30. DATE OF GRANT NO. DA. YR.
31. SET PREFERENCE	32. SER. COMP. DATA NO. DA. YR.	33. LONG. COMP. DATE	34. EXEMPT. CATEGORY CODE	35. RES. / A. M. / INS. / DATE	36. SOCIAL SECURITY NO.
37. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO SERVICE IN SERVICE 3 - BARELY IN SERVICE (LESS THAN 3 YRS) 4 - OTHER IN SERVICE (MORE THAN 3 YRS)	38. FEDERAL TAX DATA CODE 1 - YES 2 - NO	39. STATE TAX DATA CODE 1 - YES 2 - NO	40. FEDERAL SECURITY NO.	41. STATE SECURITY NO.	42. SOCIAL SECURITY NO.
43. POSITION CONTROL CERTIFICATION 18924			44. G.P. AP De 62		

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle) <i>Rich, Lawrence</i>	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER <i>1-2-503</i>
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>1-1-1962</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE <i>2 JUL 1962</i>		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 March 1961	
1. SERIAL NUMBER 517974		2. NAME (Last-First-Middle) FOX, Jerome					
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 3 14 61		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		V TO V CF TO V		V TO CF X OS TO CF		7. COST CENTER NO. CHARGEABLE 1137-7000-6135	
8. LEGAL AUTHORITY (Completed by Office of Personnel)				9. ORGANIZATIONAL DESIGNATIONS Office of DDI Strategic Intelligence Staff			
10. LOCATION OF OFFICIAL STATION Tokyo, Japan				11. POSITION TITLE			
12. POSITION NUMBER 1-96				13. PCM CONTROL NO.		14. CAREER SERVICE DESIGNATION IR	
15. CLASSIFICATION SCHEDULE (OS, LP, etc.) OS		16. OCCUPATIONAL SERIES 1390.06 08		17. GRADE AND STEP 12 1		18. SALARY OR RATE 8955	
19. REMARKS FROM: Same as above Approved by DDI - per attached memo							
20. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASIMAN, CPE PERSONNEL				21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
22. ACTION TAKEN 22 19		23. OFFICE CODE 13555		24. STATION CODE 001		25. DATE OF ACTION 3 14 61	
26. ACTION TAKEN 26 19		27. OFFICE CODE 13555		28. STATION CODE 001		29. DATE OF ACTION 3 14 61	
30. ACTION TAKEN 30 19		31. OFFICE CODE 13555		32. STATION CODE 001		33. DATE OF ACTION 3 14 61	
34. ACTION TAKEN 34 19		35. OFFICE CODE 13555		36. STATION CODE 001		37. DATE OF ACTION 3 14 61	
38. ACTION TAKEN 38 19		39. OFFICE CODE 13555		40. STATION CODE 001		41. DATE OF ACTION 3 14 61	
42. ACTION TAKEN 42 19		43. OFFICE CODE 13555		44. STATION CODE 001		45. DATE OF ACTION 3 14 61	
46. ACTION TAKEN 46 19		47. OFFICE CODE 13555		48. STATION CODE 001		49. DATE OF ACTION 3 14 61	
50. ACTION TAKEN 50 19		51. OFFICE CODE 13555		52. STATION CODE 001		53. DATE OF ACTION 3 14 61	
54. ACTION TAKEN 54 19		55. OFFICE CODE 13555		56. STATION CODE 001		57. DATE OF ACTION 3 14 61	
58. ACTION TAKEN 58 19		59. OFFICE CODE 13555		60. STATION CODE 001		61. DATE OF ACTION 3 14 61	
62. ACTION TAKEN 62 19		63. OFFICE CODE 13555		64. STATION CODE 001		65. DATE OF ACTION 3 14 61	
66. ACTION TAKEN 66 19		67. OFFICE CODE 13555		68. STATION CODE 001		69. DATE OF ACTION 3 14 61	
70. ACTION TAKEN 70 19		71. OFFICE CODE 13555		72. STATION CODE 001		73. DATE OF ACTION 3 14 61	
74. ACTION TAKEN 74 19		75. OFFICE CODE 13555		76. STATION CODE 001		77. DATE OF ACTION 3 14 61	
78. ACTION TAKEN 78 19		79. OFFICE CODE 13555		80. STATION CODE 001		81. DATE OF ACTION 3 14 61	
82. ACTION TAKEN 82 19		83. OFFICE CODE 13555		84. STATION CODE 001		85. DATE OF ACTION 3 14 61	
86. ACTION TAKEN 86 19		87. OFFICE CODE 13555		88. STATION CODE 001		89. DATE OF ACTION 3 14 61	
90. ACTION TAKEN 90 19		91. OFFICE CODE 13555		92. STATION CODE 001		93. DATE OF ACTION 3 14 61	
94. ACTION TAKEN 94 19		95. OFFICE CODE 13555		96. STATION CODE 001		97. DATE OF ACTION 3 14 61	
98. ACTION TAKEN 98 19		99. OFFICE CODE 13555		100. STATION CODE 001		101. DATE OF ACTION 3 14 61	
102. ACTION TAKEN 102 19		103. OFFICE CODE 13555		104. STATION CODE 001		105. DATE OF ACTION 3 14 61	
106. ACTION TAKEN 106 19		107. OFFICE CODE 13555		108. STATION CODE 001		109. DATE OF ACTION 3 14 61	
110. ACTION TAKEN 110 19		111. OFFICE CODE 13555		112. STATION CODE 001		113. DATE OF ACTION 3 14 61	
114. ACTION TAKEN 114 19		115. OFFICE CODE 13555		116. STATION CODE 001		117. DATE OF ACTION 3 14 61	
118. ACTION TAKEN 118 19		119. OFFICE CODE 13555		120. STATION CODE 001		121. DATE OF ACTION 3 14 61	
122. ACTION TAKEN 122 19		123. OFFICE CODE 13555		124. STATION CODE 001		125. DATE OF ACTION 3 14 61	
126. ACTION TAKEN 126 19		127. OFFICE CODE 13555		128. STATION CODE 001		129. DATE OF ACTION 3 14 61	
130. ACTION TAKEN 130 19		131. OFFICE CODE 13555		132. STATION CODE 001		133. DATE OF ACTION 3 14 61	
134. ACTION TAKEN 134 19		135. OFFICE CODE 13555		136. STATION CODE 001		137. DATE OF ACTION 3 14 61	
138. ACTION TAKEN 138 19		139. OFFICE CODE 13555		140. STATION CODE 001		141. DATE OF ACTION 3 14 61	
142. ACTION TAKEN 142 19		143. OFFICE CODE 13555		144. STATION CODE 001		145. DATE OF ACTION 3 14 61	
146. ACTION TAKEN 146 19		147. OFFICE CODE 13555		148. STATION CODE 001		149. DATE OF ACTION 3 14 61	
150. ACTION TAKEN 150 19		151. OFFICE CODE 13555		152. STATION CODE 001		153. DATE OF ACTION 3 14 61	
154. ACTION TAKEN 154 19		155. OFFICE CODE 13555		156. STATION CODE 001		157. DATE OF ACTION 3 14 61	
158. ACTION TAKEN 158 19		159. OFFICE CODE 13555		160. STATION CODE 001		161. DATE OF ACTION 3 14 61	
162. ACTION TAKEN 162 19		163. OFFICE CODE 13555		164. STATION CODE 001		165. DATE OF ACTION 3 14 61	
166. ACTION TAKEN 166 19		167. OFFICE CODE 13555		168. STATION CODE 001		169. DATE OF ACTION 3 14 61	
170. ACTION TAKEN 170 19		171. OFFICE CODE 13555		172. STATION CODE 001		173. DATE OF ACTION 3 14 61	
174. ACTION TAKEN 174 19		175. OFFICE CODE 13555		176. STATION CODE 001		177. DATE OF ACTION 3 14 61	
178. ACTION TAKEN 178 19		179. OFFICE CODE 13555		180. STATION CODE 001		181. DATE OF ACTION 3 14 61	
182. ACTION TAKEN 182 19		183. OFFICE CODE 13555		184. STATION CODE 001		185. DATE OF ACTION 3 14 61	
186. ACTION TAKEN 186 19		187. OFFICE CODE 13555		188. STATION CODE 001		189. DATE OF ACTION 3 14 61	
190. ACTION TAKEN 190 19		191. OFFICE CODE 13555		192. STATION CODE 001		193. DATE OF ACTION 3 14 61	
194. ACTION TAKEN 194 19		195. OFFICE CODE 13555		196. STATION CODE 001		197. DATE OF ACTION 3 14 61	
198. ACTION TAKEN 198 19		199. OFFICE CODE 13555		200. STATION CODE 001		199. DATE OF ACTION 3 14 61	
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206. ACTION TAKEN 206 19		207. OFFICE CODE 13555		208. STATION CODE 001		207. DATE OF ACTION 3 14 61	
210. ACTION TAKEN 210 19		211. OFFICE CODE 13555		212. STATION CODE 001		211. DATE OF ACTION 3 14 61	
214. ACTION TAKEN 214 19		215. OFFICE CODE 13555		216. STATION CODE 001		215. DATE OF ACTION 3 14 61	
218. ACTION TAKEN 218 19		219. OFFICE CODE 13555		220. STATION CODE 001		219. DATE OF ACTION 3 14 61	
222. ACTION TAKEN 222 19		223. OFFICE CODE 13555		224. STATION CODE 001		223. DATE OF ACTION 3 14 61	
226. ACTION TAKEN 226 19		227. OFFICE CODE 13555		228. STATION CODE 001		227. DATE OF ACTION 3 14 61	
230. ACTION TAKEN 230 19		231. OFFICE CODE 13555		232. STATION CODE 001		231. DATE OF ACTION 3 14 61	
234. ACTION TAKEN 234 19		235. OFFICE CODE 13555		236. STATION CODE 001		235. DATE OF ACTION 3 14 61	
238. ACTION TAKEN 238 19		239. OFFICE CODE 13555		240. STATION CODE 001		239. DATE OF ACTION 3 14 61	
242. ACTION TAKEN 242 19		243. OFFICE CODE 13555		244. STATION CODE 001		243. DATE OF ACTION 3 14 61	
246. ACTION TAKEN 246 19		247. OFFICE CODE 13555		248. STATION CODE 001		247. DATE OF ACTION 3 14 61	
250. ACTION TAKEN 250 19		251. OFFICE CODE 13555		252. STATION CODE 001		251. DATE OF ACTION 3 14 61	
254. ACTION TAKEN 254 19		255. OFFICE CODE 13555		256. STATION CODE 001		255. DATE OF ACTION 3 14 61	
258. ACTION TAKEN 258 19		259. OFFICE CODE 13555		260. STATION CODE 001		259. DATE OF ACTION 3 14 61	
262. ACTION TAKEN 262 19		263. OFFICE CODE 13555		264. STATION CODE 001		263. DATE OF ACTION 3 14 61	
266. ACTION TAKEN 266 19		267. OFFICE CODE 13555		268. STATION CODE 001		267. DATE OF ACTION 3 14 61	
270. ACTION TAKEN 270 19		271. OFFICE CODE 13555		272. STATION CODE 001		271. DATE OF ACTION 3 14 61	
274. ACTION TAKEN 274 19		275. OFFICE CODE 13555		276. STATION CODE 001		275. DATE OF ACTION 3 14 61	
278. ACTION TAKEN 278 19		279. OFFICE CODE 13555		280. STATION CODE 001		279. DATE OF ACTION 3 14 61	
282. ACTION TAKEN 282 19		283. OFFICE CODE 13555		284. STATION CODE 001		283. DATE OF ACTION 3 14 61	
286. ACTION TAKEN 286 19		287. OFFICE CODE 13555		288. STATION CODE 001		287. DATE OF ACTION 3 14 61	
290. ACTION TAKEN 290 19		291. OFFICE CODE 13555		292. STATION CODE 001		291. DATE OF ACTION 3 14 61	
294. ACTION TAKEN 294 19		295. OFFICE CODE 13555		296. STATION CODE 001		295. DATE OF ACTION 3 14 61	
298. ACTION TAKEN 298 19		299. OFFICE CODE 13555		300. STATION CODE 001		299. DATE OF ACTION 3 14 61	
302. ACTION TAKEN 302 19		303. OFFICE CODE 13555		304. STATION CODE 001		303. DATE OF ACTION 3 14 61	
306. ACTION TAKEN 306 19		307. OFFICE CODE 13555		308. STATION CODE 001		307. DATE OF ACTION 3 14 61	
310. ACTION TAKEN 310 19		311. OFFICE CODE 13555		312. STATION CODE 001		311. DATE OF ACTION 3 14 61	
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318. ACTION TAKEN 318 19		319. OFFICE CODE 13555		320. STATION CODE 001		319. DATE OF ACTION 3 14 61	
322. ACTION TAKEN 322 19		323. OFFICE CODE 13555		324. STATION CODE 001		323. DATE OF ACTION 3 14 61	
326. ACTION TAKEN 326 19		327. OFFICE CODE 13555		328. STATION CODE 001		327. DATE OF ACTION 3 14 61	
330. ACTION TAKEN 330 19		331. OFFICE CODE 13555		332. STATION CODE 001		331. DATE OF ACTION 3 14 61	
334. ACTION TAKEN 334 19		335. OFFICE CODE 13555		336. STATION CODE 001		335. DATE OF ACTION 3 14 61	
338. ACTION TAKEN 338 19		339. OFFICE CODE 13555		340. STATION CODE 001		339. DATE OF ACTION 3 14 61	
342. ACTION TAKEN 342 19		343. OFFICE CODE 13555		344. STATION CODE 001		343. DATE OF ACTION 3 14 61	
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350. ACTION TAKEN 350 19		351. OFFICE CODE 13555		352. STATION CODE 001		351. DATE OF ACTION 3 14 61	
354. ACTION TAKEN 354 19		355. OFFICE CODE 13555		356. STATION CODE 001		355. DATE OF ACTION 3 14 61	
358. ACTION TAKEN 358 19		359. OFFICE CODE 13555		360. STATION CODE 001		359. DATE OF ACTION 3 14 61	
362. ACTION TAKEN 362 19		363. OFFICE CODE 13555		364. STATION CODE 001		363. DATE OF ACTION 3 14 61	
366. ACTION TAKEN 366 19		367. OFFICE CODE 13555		368. STATION CODE 001		367. DATE OF ACTION 3 14 61	
370. ACTION TAKEN 370 19		371. OFFICE CODE 13555		372. STATION CODE 001		371. DATE OF ACTION 3 14 61	
374. ACTION TAKEN 374 19		375. OFFICE CODE 13555		376. STATION CODE 001		375. DATE OF ACTION 3 14 61	
378. ACTION TAKEN 378 19		379. OFFICE CODE 13555		380. STATION CODE 001		379. DATE OF ACTION 3 14 61	
382. ACTION TAKEN 382 19		383. OFFICE CODE 13555		384. STATION CODE 001		383. DATE OF ACTION 3 14 61	
386. ACTION TAKEN 386 19		387. OFFICE CODE 13555		388. STATION CODE 001		387. DATE OF ACTION 3 14 61	
390. ACTION TAKEN 390 19		391. OFFICE CODE 13555		392. STATION CODE 001		391. DATE OF ACTION 3 14 61	
394. ACTION TAKEN 394 19		395. OFFICE CODE 13555		396. STATION CODE 001		395. DATE OF ACTION 3 14 61	
398. ACTION TAKEN 398 19		399. OFFICE CODE 13555		400. STATION CODE 001		399. DATE OF ACTION 3 14 61	
402. ACTION TAKEN 402 19		403. OFFICE CODE 13555		404. STATION CODE 001		403. DATE OF ACTION 3 14 61	
406. ACTION TAKEN 406 19		407. OFFICE CODE 13555		408. STATION CODE 001		407. DATE OF ACTION 3 14 61	
410. ACTION TAKEN 410 19		411. OFFICE CODE 13555		412. STATION CODE 001		411. DATE OF ACTION 3 14 61	
414. ACTION TAKEN 414 19		415. OFFICE CODE 13555		416. STATION CODE 001		415. DATE OF ACTION 3 14 61	
418. ACTION TAKEN 418 19		419. OFFICE CODE 13555		420. STATION CODE 001		419. DATE OF ACTION 3 14 61	
422. ACTION TAKEN 422 19		423. OFFICE CODE 13555		424. STATION CODE 001		423. DATE OF ACTION 3 14 61	
426. ACTION TAKEN 426 19		427. OFFICE CODE 13555		428. STATION CODE 001		427. DATE OF ACTION 3 14 61	
430. ACTION TAKEN 430 19		431. OFFICE CODE 13555		432. STATION CODE 001		431. DATE OF ACTION 3 14 61	
434. ACTION TAKEN 434 19		435. OFFICE CODE 13555		436. STATION CODE 001		435. DATE OF ACTION 3 14 61	
438. ACTION TAKEN 438 19		439. OFFICE CODE 13555		440. STATION CODE 001		439. DATE OF ACTION 3 14 61	
442. ACTION TAKEN 442 19		443. OFFICE CODE 13555		444. STATION CODE 001		443. DATE OF ACTION 3 14 61	
446. ACTION TAKEN 446 19		447. OFFICE CODE 13555		448. STATION CODE 001		447. DATE OF ACTION 3 14 61	
450. ACTION TAKEN 450 19		451. OFFICE CODE 13555		452. STATION CODE 001		451. DATE OF ACTION 3 14 61	
454. ACTION TAKEN 454 19		455. OFFICE CODE 13555		456. STATION CODE 001		455. DATE OF ACTION 3 14 61	
458. ACTION TAKEN 458 19		459. OFFICE CODE 13555		460. STATION CODE 001		459. DATE OF ACTION 3 14 61	
462. ACTION TAKEN 462 19		463. OFFICE CODE 13555		464. STATION CODE 001		463. DATE OF ACTION 3 14 61	
466. ACTION TAKEN 466 19		467. OFFICE CODE 13555		468. STATION CODE 001		467. DATE OF ACTION 3 14 61	
470. ACTION TAKEN 470 19		471. OFFICE CODE 13555		472. STATION CODE 001		471. DATE OF ACTION 3 14 61	
474. ACTION TAKEN 474 19		475. OFFICE CODE 13555		476. STATION CODE 001		475. DATE OF ACTION 3 14 61	
478. ACTION TAKEN 478 19		479. OFFICE CODE 13555		480. STATION CODE 001		479. DATE OF ACTION 3 14 61	
482. ACTION TAKEN 482 19		483. OFFICE CODE 13555		484. STATION CODE 001		483. DATE OF ACTION 3 14 61	
486. ACTION TAKEN 486 19		487. OFFICE CODE 13555		488. STATION CODE 001		487. DATE OF ACTION 3 14 61	

SECRET

23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration) *for*

SUBJECT: FOX, Jerome -- Promotion

1. It is requested that Mr. Jerome Fox be promoted from GS-11 to GS-12. Mr. Fox is currently assigned to Tokyo on the DD/I Foreign Field Annex. He entered the zone of consideration for promotion in October of 1958.

2. Mr. Fox was assigned to Tokyo in July of 1959 to serve as the [] Officer. He has displayed expertise and professional competence in the markings field, functioning in an outstanding manner as the authoritative focal point for the program in the North Asian area. This request for promotion was initiated by the [] and favorably endorsed by [] The Chief of the [] ORR, who recently returned from a visit [] personally observed Mr. Fox's effective working relationships with U.S. officials and foreign liaison in Tokyo [] Mr. Fox has demonstrated high devotion to duty and displayed a high degree of initiative and self-reliance.

3. Upon completion of Mr. Fox's [] he will return to the ORR Departmental Staffing Complement in a position commensurate with the grade to which promotion is recommended.

SECRET

SUBJECT: FOX, Jerome -- Promotion

4. It is requested that FE/DD/P initiate the appropriate request for personnel action and that processing of this promotion action be accomplished as soon as possible. It is also requested that a copy of the 1150 be forwarded to this Office.

FOR THE ASSISTANT DIRECTOR, OFR:


PAUL H. HILDEBRAND
Chief, Administrative Staff

CONCURRENCES:


Assistant to the DD/I (Administration)

3/1/61
Date


Chief, FE Division

3/10/61
Date

(Phonetic)

DATE PREPARED			REQUEST FOR PERSONNEL ACTION										Y to Y		Y to UV	
Mo	Da	Yr											UV to Y		UV to UV	
1. Serial No.			2. Name (Last-First-Middle)				3. Date of Birth		4. Vac. Prof.		5. Sec		6. CS - EOD			
			FOX, JEROME				Mo Da Yr		Name-0 9-1 10-2		Code		Mo Da Yr			
									1		M 1					
7. SCD			8. CSC Rept.		9. CSC Or Other Legal Authority			10. Agent Address		11. FEGLI		12. LCD		13. MIL SERV CREDIT LCD		
Mo	Da	Yr	Yrs - 1	Code				Mo	Da	Yr	Yrs - 1	Code	Mo	Da	Yr	
			Mo - 2							Mo - 2			Mo - 2			

PREVIOUS ASSIGNMENT

14. Organizational Designations DDI OPR				Code		15. Location Of Official Station Wash., D.C.				System Code	
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Date Util. From		Code		Identification Spec.		523.01		CS		1390.06	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appraisal Number	
11 2		1 7,270		TR		Mo. Da. Yr. 10 20 57		Mo. Da. Yr. 10 16 60		9 5710 20	

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
Reassignment + Transfer to Capital Fund		Mo. Da. Yr. 07 20 59	Regular		

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
OFFICE OF DOI PER STAFF Strategic Intelligence Staff		1825		Tokyo, Japan		37577	
33. Dept. Field		34. Position Title		35. Position No.		36. Inv. 37. Occup. Codes	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade	
11-2		7270				10-20-57	
						42. Pst. Due	
						10-16-60	
						43. Appropriation	
						15-401	
SOURCE OF REQUEST							
A. [Redacted]				C. Request Assigned By (Signature And Title)			
B. [Redacted]				Robert D. Cannon, CIE/Personnel			
CLEARANCES							
Classified		Signature		Date		Signature	
A. Control Desired				1960			
B. How Control							
C. Classification							
Remarks							
2 copies Security Please transfer from (vouchered to unvouchered) (date on 26 July 1959. Subject to replace who is returning to AF Sec. 1959.							

115: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 84

SECRET

in

SECRET

Change According To Standard.

REQUEST FOR PERSONNEL ACTION												VOUCHERED	
1. Serial No.		2. Name (Last-First-Middle) Fox Jerome				3. Date Of Birth Mo. Da. Yr.		4. Var. Pref. None-0 Code 1 QP-2 1		5. Sex M		6. C.S. 100 Mo. Da. Yr.	
7. SCD Mo. Da. Yr.		8. CSC Refine Yes-1 Code No-2		9. CSC Or Other Legal Authority		10. Appt. Affidav Mo. Da. Yr.		11. FEGLI Yes-1 Code No-2		12. LCD Mo. Da. Yr.		13. P. M. Code Yes-1 Code No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDI/Office of Research & Reports				Code		15. Location Of Official Station Washington, D.C.				Section Code	
16. Dept. Field Dept. X Code Valid. Code Plan. Code		17. Position Title Identification Specialist				18. Position No. 923.01		19. Serv. Code OS		20. Occup. Series 1370.06	
21. Grade & Step 9-2		22. Salary Or Rate \$ 5575.		23. SD IR		24. Date Of Grde Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number 8-5709-20	

ACTION

27. Nature Of Action Promotion		Code		28. EM Date Mo. Da. Yr. ACAP		29. Type Of Employee Regular		Code		30. Incorporation Date	
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PRESENT ASSIGNMENT

31. Organizational Designations DDI/Office of Research & Reports				Code		32. Location Of Official Station Washington, D.C.				Section Code	
33. Dept. Field Dept. X Code Valid. Code Plan. Code		34. Position Title Identification Specialist				35. Position No. 923.01		36. Serv. Code OS		37. Occup. Series 1370.06	
38. Grade & Step 11-1		39. Salary Or Rate \$ 6390.		40. SD IR		41. Date Of Grde Mo. Da. Yr.		42. PSI Due Mo. Da. Yr.		43. Appropriation Number 8-5709-20	

SOURCE OF REQUEST

A. Requested By (Name And Title) Charles J. P. / RR		C. Request Approved By (Signature And Title) PAUL H. HILGEMAN Asst. Chief, Administrative Staff, OSR	
B. Requested By (Name & Telephone Ext.) 22465 HBR			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pns. Control			E.		
C. Classification			F. Approved By		

11329.

SECRET

STANDARD FORM 52 MAY 1962 EDITION GSA GEN. REG. NO. 27 EXCLUDED FROM AUTOMATIC DECLASSIFICATION REVISION 10/78		21 JUN 1956 VOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in resignation data on reverse.			
1. NAME (Mr. XXXXXX One &-- on name, initials, and surname) JEROME FOX		2. DATE OF BIRTH 	
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		4. REQUEST NO. 12 June 56	
5. POSITION (Specify whether establish, change grade or title, etc.) 		6. EFFECTIVE DATE A. PROPOSED ASAP B. APPROVED 	
FROM Identification Specialist F-925.00 GS-1390.06-07 \$4660 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.		TO Identification Specialist F-924.00 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.	
7. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		8. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>	
9. REMARKS (Use reverse if necessary)			
Complies with CIA Regulation 20-530			
10. REQUESTED BY (Name and title) Chief, D/T		11. REQUEST APPROVED BY Signature: PAUL H. HILDEBRAND	
12. FOR ADDITIONAL INFORMATION CALL (Phone and telephone extension) X 2285		13. Title: Chief, Administrative Staff, OHR	
14. VETERAN PREFERENCE NONE <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 PT <input type="checkbox"/> 15 PT <input type="checkbox"/> 20 PT <input type="checkbox"/> 25 PT <input type="checkbox"/> 30 PT <input type="checkbox"/> 35 PT <input type="checkbox"/> 40 PT <input type="checkbox"/> 45 PT <input type="checkbox"/> 50 PT <input type="checkbox"/> 55 PT <input type="checkbox"/> 60 PT <input type="checkbox"/> 65 PT <input type="checkbox"/> 70 PT <input type="checkbox"/> 75 PT <input type="checkbox"/> 80 PT <input type="checkbox"/> 85 PT <input type="checkbox"/> 90 PT <input type="checkbox"/> 95 PT <input type="checkbox"/> 100 PT <input type="checkbox"/> 105 PT <input type="checkbox"/> 110 PT <input type="checkbox"/> 115 PT <input type="checkbox"/> 120 PT <input type="checkbox"/> 125 PT <input type="checkbox"/> 130 PT <input type="checkbox"/> 135 PT <input type="checkbox"/> 140 PT <input type="checkbox"/> 145 PT <input type="checkbox"/> 150 PT 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SECRET
SECURITY INFORMATION

ENTRANCE ON DUTY NOTICE		1. DATE
2. TO:	22 June 1955	
3. OFFICE (Division, Branch, Etc.)		DDI/CBR
4. THE PERSON NAMED BELOW MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FROM IAS FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE.		
5. NAME (LAST)	(FIRST)	6. JOB TITLE AND GRADE
Fox	Jerome	Ident. Spec. GS-7
7. EFFECTIVE DATE OF ACTION		8. <input checked="" type="checkbox"/> E.O.O. <input type="checkbox"/> REASSIGNMENT OTHER:
15 June 1955		9. TYPE CLEARANCE
10. REMARKS: (Include Medical or Other Limitations)		Provisional
Subject to EOD, testing, 24 June 1955.		
DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3, COPY (PINK) TO PERSONNEL FOLDER FORM NO. 37-114 PREVIOUS EDITIONS W. TO BE USED 80V 1952		

SECRET

STANDARD FORM 52
FORM 52 OF THE
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540

REQUEST FOR PERSONNEL ACTION

VOUCHERED 16 FEB 1955

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, etc.) - One given name, initials, and surname JEROME FOX	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 2 Feb 55
5. BASIS OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Appointment		6. EFFECTIVE DATE A. PROPOSED ASAP	7. C. S. OR OTHER LEGAL AUTHORITY ITV
B. POLICY (Specify whether establish, change grade or title, etc.)		8. APPROVED	

FROM -	9. POSITION TITLE AND NUMBER	10. TO -
	11. SERVICE GRADE AND SALARY	Identification Specialist Y-925.00.99
	12. ORGANIZATIONAL DESIGNATION	GS-1390.06-07 \$4205.00 per annum
	13. HEADQUARTERS	DDI/Office of Research and Reports
	14. FIELD OR DEPARTMENTAL	Office of Chief, Coordination
		Techniques and Methods Division
		Analysis and Reports Branch
		Washington, D. C.

A. REMARKS (Use reverse if necessary)

Attachments:

- 1 Interview Sheet
- 2 cys. Report of Medical History
- 3 cys. PHS
- 12 cys. PHS (Appendix I)
- 12 cys. of Letter of Commendation

15. SIGNATURE OF REQUESTING OFFICER
PAUL H. HILDEGARD, Admin. Officer, OPI

B. REQUEST APPROVED BY

Signature

Title

Executive, OPI

13. VETERAN PREFERENCE

13A. MONTHS SPECIAL PFT.	13B. MONTHS OTHER

14. POSITION CLASSIFICATION ACTION

14A. NEW	14B. VOI	14C. I	14D. REAL

SD/IP

15. RACE

15A. RACE	15B. APPROPRIATION

16. DATE OF APPOINTMENT

16A. DATE OF APPOINTMENT

17. DATE OF APPOINTMENT

17A. DATE OF APPOINTMENT

18. LEGAL RESIDENCE

18A. LEGAL RESIDENCE

19. STANDARD FORM NO. 52

20. SIGNATURE OF REQUESTING OFFICER	21. DATE	22. BY MAIL

23. SIGNATURE OF REQUESTING OFFICER	24. DATE	25. BY MAIL

CONFIDENTIAL

DATE: JUN 9 1955

TO : Placement and Utilization Division, Personnel Office
FROM : Assistant Director, ORR
SUBJECT: JEROME FOX

The case of Jerome Fox, ~~FOIA b(7)(D)~~ a
(provisionally) cleared applicant has been thoroughly reviewed
and this Office does guarantee that the position to which he
is to be assigned does fall within the personnel ceiling of
ORR. Therefore, it is requested that the above-named indi-
vidual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR, ORR:

Paul T. Milder
Paul T. Milder
Chief, Administrative Staff, ORR

CONFIDENTIAL

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P

DATE: 21 April 1955

ATTN: [REDACTED]

FROM : Personnel Officer, OPR

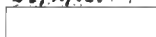
SUBJECT: FOX, Jerome - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for Mr. Jerome Fox to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign Mr. Fox to an unclassified project in the Library of Congress for the Techniques and Methods Division. It is the opinion of the Techniques and Methods Division that the material produced by this project will be advantageous to the Division.



St/A/RR



Distribution:

- 0 & 1 - Addressee
- 2 - St/A/RR
- 2 - AD/RR

CONFIDENTIAL

SECRET

IFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

28 Sep 1973

6415

TO:
(Check)

- ☒ CHIEF, CONTROL DIVISION, OP
- ☐ CHIEF, CONTRACT PERSONNEL DIVISION, OP
- ☒ CHIEF, OPERATING COMPONENT (For action)

EMPLOYEE NUMBER

017914

ID CARD NUMBER

MC-102 #25389

ATTN:

Chief Support Staff

REF:

Form 1322 dated 21 Sep 73

OFFICIAL
COVER☒ ESTABLISHED☐ DISCONTINUED

SUBJECT

FOX, JEROME

UNIT

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS

☒ BASIC COVER PROVIDED
EFFECTIVE DATE: AUGUST 1959

☐ OPERATIONAL COVER PROVIDED
FOR: TOY OTHER (Specify)

☒ SUBMIT FORM 642 IMMEDIATELY TO CHIEF TELEPHONE
LIMITATION CATEGORY: 3

☒ SUBMIT FORM 385 [] BE ISSUED.
(HNB 20-11)

☒ SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS
COVER: (HNB 240-20)

☒ SUBMIT FORM 1323 FOR TRANSFERRING COVER
RESPONSIBILITY: (HNB 240-20)

☒ LAA. CATEGORY I CATEGORY II ☒

☒ SUBMIT FORM 2688 FOR A02 HOSPITALIZATION CARD

REMARKS AND/OR COVER HISTORY

CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS

EFFECTIVE DATE:

SUBMIT FORM 3254 [] W-2
TO BE ISSUED: (HNB 20-11)

SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE
LIMITATION CATEGORY TO CATEGORY []

LAA. CATEGORY I CATEGORY II

RETURN ALL OFFICIAL DOCUMENTATION TO CCS

SUBMIT FORM 2688 FOR A02
HOSPITALIZATION CARD.

DO NOT WRITE IN THIS BLOCK

DISTRIBUTION:

- 1 - TO: []
- 2 - OPERATIONAL COMPONENT []
- 3 - []
- 4 - []
- 5 - []

J3/ab

51

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1973

113-80-001

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		DATE 26 August 1966
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR FOX, Jerome (RMI)
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) FE	
ATTN: FE/Security		FILE NO. 6415
REF: Form 1322 dated 24 August 1966		ID CARD NO. 8575
OFFICIAL COVER BACKSTOP ESTABLISHED USAF Technical Services Group (Prov)		EMPLOYEE NO.
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/> Block Record: (OPMEMO 20-800-11) a. Temporarily for _____ days, effective _____ b. Continuing, effective _____ as of August 1959		
<input checked="" type="checkbox"/> Submit Form 642 to change limitation category. (HNB 20-77)		
<input checked="" type="checkbox"/> Ascertain that <input type="checkbox"/> W-2 being issued. (HNB 20-661.1)		
<input checked="" type="checkbox"/> Submit Form 1322 for any change affecting this cover. (R 240-250)		
<input checked="" type="checkbox"/> Submit Form 1323 for transferring cover responsibility. (R 240-250)		
<input type="checkbox"/> Remarks:		
<input checked="" type="checkbox"/> Cover History:		
RCB/ncx <i>James H. Franklin</i> 1 AUG 1966		
DISTRIBUTION: Copy 1-PD; Copy 2-Operating Component; Copy 3-OS D-05; Copy 4-OS T2350; Copy 5-PAD-04; Copy 6-OS 1075; Copy 7-File		

FORM 1551

413-20-411

SECRET

NOTIFICATION OF ESTABLISHMENT OF 		DATE 8 November 1962
TO: <input checked="" type="checkbox"/> (Check)	CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	CHIEF, OPERATING COMPONENT - ORR	FOX, Jerome
ATTN:	Administrative Staff	FILE NO. K-2303
REF:	Verbal request for cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED 		
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPRNO 30-800.11) <p>a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____</p> <p>b. CONTINUING, EFFECTIVE _____ EOD _____</p>		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HD 30-800.2)		
<input type="checkbox"/> ASCERTAIN THAT <input type="checkbox"/> W-2 BEING ISSUED. (HD 30-663.1)		
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 340.250)		
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 340.250)		
<input type="checkbox"/> REMARKS:		

THIS COVER MUST REMAIN
ON TOP OF THE

Franklin

COS/DJ
DISTRIBUTION: 1 to 001, 1 to 001, 1 to 001

14-00000
PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11611 PURSUANT TO AUTHORITY OF DCI
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45	997	V GS 13 6	\$25,451

SECRET

1 July 1959

File: K - 2303

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT: Jerome FOX

1. Cover arrangements ~~XXXXXXXXXXXXXXX~~ have been completed for the above-named Subject.
2. Effective 15 June 59, it is requested that your records be properly blocked ~~XXXXXXXXXX~~ to deny ~~XXXXXXXXXX~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1959 by Room 1608, "L" Building, Extension 2420.

Harry W. Little, Jr.
HARRY W. LITTLE, JR.
Chief, Central Cover Division

cc: SED/OS

SECRET

1580a

(4-23-40)

00000

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

FOX JEROME

017974

42371374

DATE: 28 MAY 75

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
17774		FOX JEROME							
3. NATURE OF PERSONNEL ACTION (RETIREMENT) (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM GSL				4. EFFECTIVE DATE MO DA YR 15 14 75		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. TAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
X		CF TO V		CF TO CF		5237 13 12		PL 95-645 SECT 231	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDO/EA DIVISION DEVELOPMENT COMPLEMENT				WASHINGTON, D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER				DCOF		DIG			
14. CLASSIFICATION SCHEDULE (GS, 18, OR J)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		7136.1		13 6		25651			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE	
15		4		NUMERIC ALPHABETIC					
24. HOURS		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
MO DA YR		MO DA YR		MO DA YR		MO DA YR			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION	
MO DA YR				1. CSC 2. CUB 3. NONE		1. 1 2. 2 3. 3		1. YES 2. NO	
33. VET PREFERENCE		34. SERV. COMP. DATE		35. LONG. COMP. DATE		36. CAREER CATEGORY		37. FEVET	
CODE		MO DA YR		MO DA YR		S+P SERV CODE		CODE	
1. NO 2. 15 PT						1. YES 2. NO		1. YES 2. NO	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE				39. LEAVE CAT CODE		40. FEDERAL TAX DATA			
CODE				CODE		CODE			
1. NO PREVIOUS SERVICE 2. YES PREVIOUS SERVICE 3. YES PREVIOUS SERVICE MORE THAN 3 YEARS 4. YES PREVIOUS SERVICE MORE THAN 3 YEARS				1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION									

PL 95-645
576 MAY 14 75

100-1000000
FORM

SECRET

86G: 25 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
017974		FOX JEROME							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
EXTENDED SICK LEAVE - DISABILITY RETIREMENT NTE: 14 MAY 1975				09 06 74		REGULAR			
6. FUNDS		7. PAY AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY					
X V TO V CF TO V		V TO CF CF TO CF		5237 1392 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICIAL STATION					
DDO/EA DIVISION DEVELOPMENT COMPLEMENT				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER				9997		DMG			
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		13 6		24122			
18. DATES:									
LWD: 06 SEPTEMBER 1974									
OTHER:									
HOME BASE: EA									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTERFERE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF ENTRY	27. DATE OF LEI	
31	40	45997 EA	75013						
28. NTE EXPIRY	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG NO	34. SSS			
05 14 75	SL				EOD DATA				
35. VET REFERENCE	36. VET COMB DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			
45. NO PREVIOUS SERVICE 46. NO FEDERAL SERVICE 47. SERVICE IN SERVICE 1 (DATE FROM 1975) 48. SERVICE IN SERVICE 2 (DATE FROM 1975)			49. LEAVE CAT CODE	50. FEDERAL TAX DATA		51. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 84 9/24/74 </div>									

DMS: 10 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 17074		2. NAME (LAST FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 15 74	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF CF TO CF	7. PAN AND NSCA 5032 1300 3001	8. CLK OR OTHER UOAL AUTHORITY 5/ USC 443 J
9. ORGANIZATIONAL DESIGNATIONS DDO/EA DIVISION DEVELOPMENT, COMPLETION		10. LOCATION OF OFFICIAL STATION ASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 2097	13. SERVICE DESIGNATION DNC
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 136.01	16. GRADE AND STEP 13 5	17. SALARY OR RATE 24122
18. REMARKS OTHER HOME BASE: EA			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE (H) (A) 45007 EA	22. STATION CODE 75013
23. INTEGRATE CODE 1	24. MONTH CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF RETI MO DA YR	28. DATE OF DEATH MO DA YR	29. DATE OF DEATH MO DA YR	30. DATE OF DEATH MO DA YR
31. SPECIAL REFERENCE 1. CIV 2. FID 3. FID 4. FID	32. RETIREMENT DATA CODE	33. SEPARATION DATA CODE CODE	34. SECURITY REL NO CODE
35. VET PREFERENCE CODE	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CARRIER CONTRACT CODE
39. LONG COMP DATE MO DA YR	40. CARRIER CONTRACT CODE	41. LONG COMP DATE MO DA YR	42. CARRIER CONTRACT CODE
43. LONG COMP DATE MO DA YR	44. CARRIER CONTRACT CODE	45. LONG COMP DATE MO DA YR	46. CARRIER CONTRACT CODE
47. LONG COMP DATE MO DA YR	48. CARRIER CONTRACT CODE	49. LONG COMP DATE MO DA YR	50. CARRIER CONTRACT CODE
51. LONG COMP DATE MO DA YR	52. CARRIER CONTRACT CODE	53. LONG COMP DATE MO DA YR	54. CARRIER CONTRACT CODE
55. LONG COMP DATE MO DA YR	56. CARRIER CONTRACT CODE	57. LONG COMP DATE MO DA YR	58. CARRIER CONTRACT CODE
59. LONG COMP DATE MO DA YR	60. CARRIER CONTRACT CODE	61. LONG COMP DATE MO DA YR	62. CARRIER CONTRACT CODE
63. LONG COMP DATE MO DA YR	64. CARRIER CONTRACT CODE	65. LONG COMP DATE MO DA YR	66. CARRIER CONTRACT CODE
67. LONG COMP DATE MO DA YR	68. CARRIER CONTRACT CODE	69. LONG COMP DATE MO DA YR	70. CARRIER CONTRACT CODE
71. LONG COMP DATE MO DA YR	72. CARRIER CONTRACT CODE	73. LONG COMP DATE MO DA YR	74. CARRIER CONTRACT CODE
75. LONG COMP DATE MO DA YR	76. CARRIER CONTRACT CODE	77. LONG COMP DATE MO DA YR	78. CARRIER CONTRACT CODE
79. LONG COMP DATE MO DA YR	80. CARRIER CONTRACT CODE	81. LONG COMP DATE MO DA YR	82. CARRIER CONTRACT CODE
83. LONG COMP DATE MO DA YR	84. CARRIER CONTRACT CODE	85. LONG COMP DATE MO DA YR	86. CARRIER CONTRACT CODE
87. LONG COMP DATE MO DA YR	88. CARRIER CONTRACT CODE	89. LONG COMP DATE MO DA YR	90. CARRIER CONTRACT CODE
91. LONG COMP DATE MO DA YR	92. CARRIER CONTRACT CODE	93. LONG COMP DATE MO DA YR	94. CARRIER CONTRACT CODE
95. LONG COMP DATE MO DA YR	96. CARRIER CONTRACT CODE	97. LONG COMP DATE MO DA YR	98. CARRIER CONTRACT CODE
99. LONG COMP DATE MO DA YR	100. CARRIER CONTRACT CODE	101. LONG COMP DATE MO DA YR	102. CARRIER CONTRACT CODE
SIGNATURE FOR OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED </div>			

SECRET
(When Filled In)

REF: 22 JAN 74

NOTIFICATION OF PERSONNEL ACTION

OFF		1. NAME (LAST FIRST MIDDLE)	
017574		FOX, JEROME	
2. NATURE OF PERSONNEL ACTION		3. EFFECTIVE DATE	
REASSIGNMENT		01 20 74	
4. FUNDING		5. CATEGORY OF EMPLOYMENT	
X V TO V C TO V		REGULAR	
6. PAN AND NSCA		7. CSC OR OTHER LEGAL AUTHORITY	
4227 1374 0000		50 USC 403	
8. ORGANIZATIONAL DESIGNATIONS		9. LOCATION OF OFFICIAL STATION	
DDC/EA DIVISION		WASH. D.C.	
10. POSITION NUMBER		11. SERVICE DESIGNATION	
OPS OFFICER		D	
12. CLASSIFICATION SCHEDULE (GS, 18, 24)		13. OCCUPATIONAL SERIES	
GS		0136.01	
14. GRADE AND STEP		15. SALARY OR RATE	
13 6		24122	
16. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
17. DATE OF BIRTH	18. DATE OF GRADE	19. DATE OF 1ST	20. DATE OF 2ND
37 10	45020	EA	75013
21. DATE OF 3RD	22. DATE OF 4TH	23. DATE OF 5TH	24. DATE OF 6TH
25. DATE OF 7TH	26. DATE OF 8TH	27. DATE OF 9TH	28. DATE OF 10TH
29. DATE OF 11TH	30. DATE OF 12TH	31. DATE OF 13TH	32. DATE OF 14TH
33. DATE OF 15TH	34. DATE OF 16TH	35. DATE OF 17TH	36. DATE OF 18TH
37. DATE OF 19TH	38. DATE OF 20TH	39. DATE OF 21TH	40. DATE OF 22TH
41. DATE OF 23TH	42. DATE OF 24TH	43. DATE OF 25TH	44. DATE OF 26TH
45. DATE OF 27TH	46. DATE OF 28TH	47. DATE OF 29TH	48. DATE OF 30TH
49. DATE OF 31TH	50. DATE OF 32TH	51. DATE OF 33TH	52. DATE OF 34TH
53. DATE OF 35TH	54. DATE OF 36TH	55. DATE OF 37TH	56. DATE OF 38TH
57. DATE OF 39TH	58. DATE OF 40TH	59. DATE OF 41TH	60. DATE OF 42TH
61. DATE OF 43TH	62. DATE OF 44TH	63. DATE OF 45TH	64. DATE OF 46TH
65. DATE OF 47TH	66. DATE OF 48TH	67. DATE OF 49TH	68. DATE OF 50TH
69. DATE OF 51TH	70. DATE OF 52TH	71. DATE OF 53TH	72. DATE OF 54TH
73. DATE OF 55TH	74. DATE OF 56TH	75. DATE OF 57TH	76. DATE OF 58TH
77. DATE OF 59TH	78. DATE OF 60TH	79. DATE OF 61TH	80. DATE OF 62TH
81. DATE OF 63TH	82. DATE OF 64TH	83. DATE OF 65TH	84. DATE OF 66TH
85. DATE OF 67TH	86. DATE OF 68TH	87. DATE OF 69TH	88. DATE OF 70TH
89. DATE OF 71TH	90. DATE OF 72TH	91. DATE OF 73TH	92. DATE OF 74TH
93. DATE OF 75TH	94. DATE OF 76TH	95. DATE OF 77TH	96. DATE OF 78TH
97. DATE OF 79TH	98. DATE OF 80TH	99. DATE OF 81TH	100. DATE OF 82TH
101. DATE OF 83TH	102. DATE OF 84TH	103. DATE OF 85TH	104. DATE OF 86TH
105. DATE OF 87TH	106. DATE OF 88TH	107. DATE OF 89TH	108. DATE OF 90TH
109. DATE OF 91TH	110. DATE OF 92TH	111. DATE OF 93TH	112. DATE OF 94TH
113. DATE OF 95TH	114. DATE OF 96TH	115. DATE OF 97TH	116. DATE OF 98TH
117. DATE OF 99TH	118. DATE OF 100TH	119. DATE OF 101TH	120. DATE OF 102TH
121. DATE OF 103TH	122. DATE OF 104TH	123. DATE OF 105TH	124. DATE OF 106TH
125. DATE OF 107TH	126. DATE OF 108TH	127. DATE OF 109TH	128. DATE OF 110TH
129. DATE OF 111TH	130. DATE OF 112TH	131. DATE OF 113TH	132. DATE OF 114TH
133. DATE OF 115TH	134. DATE OF 116TH	135. DATE OF 117TH	136. DATE OF 118TH
137. DATE OF 119TH	138. DATE OF 120TH	139. DATE OF 121TH	140. DATE OF 122TH
141. DATE OF 123TH	142. DATE OF 124TH	143. DATE OF 125TH	144. DATE OF 126TH
145. DATE OF 127TH	146. DATE OF 128TH	147. DATE OF 129TH	148. DATE OF 130TH
149. DATE OF 131TH	150. DATE OF 132TH	151. DATE OF 133TH	152. DATE OF 134TH
153. DATE OF 135TH	154. DATE OF 136TH	155. DATE OF 137TH	156. DATE OF 138TH
157. DATE OF 139TH	158. DATE OF 140TH	159. DATE OF 141TH	160. DATE OF 142TH
161. DATE OF 143TH	162. DATE OF 144TH	163. DATE OF 145TH	164. DATE OF 146TH
165. DATE OF 147TH	166. DATE OF 148TH	167. DATE OF 149TH	168. DATE OF 150TH
169. DATE OF 151TH	170. DATE OF 152TH	171. DATE OF 153TH	172. DATE OF 154TH
173. DATE OF 155TH	174. DATE OF 156TH	175. DATE OF 157TH	176. DATE OF 158TH
177. DATE OF 159TH	178. DATE OF 160TH	179. DATE OF 161TH	180. DATE OF 162TH
181. DATE OF 163TH	182. DATE OF 164TH	183. DATE OF 165TH	184. DATE OF 166TH
185. DATE OF 167TH	186. DATE OF 168TH	187. DATE OF 169TH	188. DATE OF 170TH
189. DATE OF 171TH	190. DATE OF 172TH	191. DATE OF 173TH	192. DATE OF 174TH
193. DATE OF 175TH	194. DATE OF 176TH	195. DATE OF 177TH	196. DATE OF 178TH
197. DATE OF 179TH	198. DATE OF 180TH	199. DATE OF 181TH	200. DATE OF 182TH
201. DATE OF 183TH	202. DATE OF 184TH	203. DATE OF 185TH	204. DATE OF 186TH
205. DATE OF 187TH	206. DATE OF 188TH	207. DATE OF 189TH	208. DATE OF 190TH
209. DATE OF 191TH	210. DATE OF 192TH	211. DATE OF 193TH	212. DATE OF 194TH
213. DATE OF 195TH	214. DATE OF 196TH	215. DATE OF 197TH	216. DATE OF 198TH
217. DATE OF 199TH	218. DATE OF 200TH	219. DATE OF 201TH	220. DATE OF 202TH
221. DATE OF 203TH	222. DATE OF 204TH	223. DATE OF 205TH	224. DATE OF 206TH
225. DATE OF 207TH	226. DATE OF 208TH	227. DATE OF 209TH	228. DATE OF 210TH
229. DATE OF 211TH	230. DATE OF 212TH	231. DATE OF 213TH	232. DATE OF 214TH
233. DATE OF 215TH	234. DATE OF 216TH	235. DATE OF 217TH	236. DATE OF 218TH
237. DATE OF 219TH	238. DATE OF 220TH	239. DATE OF 221TH	240. DATE OF 222TH
241. DATE OF 223TH	242. DATE OF 224TH	243. DATE OF 225TH	244. DATE OF 226TH
245. DATE OF 227TH	246. DATE OF 228TH	247. DATE OF 229TH	248. DATE OF 230TH
249. DATE OF 231TH	250. DATE OF 232TH	251. DATE OF 233TH	252. DATE OF 234TH
253. DATE OF 235TH	254. DATE OF 236TH	255. DATE OF 237TH	256. DATE OF 238TH
257. DATE OF 239TH	258. DATE OF 240TH	259. DATE OF 241TH	260. DATE OF 242TH
261. DATE OF 243TH	262. DATE OF 244TH	263. DATE OF 245TH	264. DATE OF 246TH
265. DATE OF 247TH	266. DATE OF 248TH	267. DATE OF 249TH	268. DATE OF 250TH
269. DATE OF 251TH	270. DATE OF 252TH	271. DATE OF 253TH	272. DATE OF 254TH
273. DATE OF 255TH	274. DATE OF 256TH	275. DATE OF 257TH	276. DATE OF 258TH
277. DATE OF 259TH	278. DATE OF 260TH	279. DATE OF 261TH	280. DATE OF 262TH
281. DATE OF 263TH	282. DATE OF 264TH	283. DATE OF 265TH	284. DATE OF 266TH
285. DATE OF 267TH	286. DATE OF 268TH	287. DATE OF 269TH	288. DATE OF 270TH
289. DATE OF 271TH	290. DATE OF 272TH	291. DATE OF 273TH	292. DATE OF 274TH
293. DATE OF 275TH	294. DATE OF 276TH	295. DATE OF 277TH	296. DATE OF 278TH
297. DATE OF 279TH	298. DATE OF 280TH	299. DATE OF 281TH	300. DATE OF 282TH
301. DATE OF 283TH	302. DATE OF 284TH	303. DATE OF 285TH	304. DATE OF 286TH
305. DATE OF 287TH	306. DATE OF 288TH	307. DATE OF 289TH	308. DATE OF 290TH
309. DATE OF 291TH	310. DATE OF 292TH	311. DATE OF 293TH	312. DATE OF 294TH
313. DATE OF 295TH	314. DATE OF 296TH	315. DATE OF 297TH	316. DATE OF 298TH
317. DATE OF 299TH	318. DATE OF 300TH	319. DATE OF 301TH	320. DATE OF 302TH
321. DATE OF 303TH	322. DATE OF 304TH	323. DATE OF 305TH	324. DATE OF 306TH
325. DATE OF 307TH	326. DATE OF 308TH	327. DATE OF 309TH	328. DATE OF 310TH
329. DATE OF 311TH	330. DATE OF 312TH	331. DATE OF 313TH	332. DATE OF 314TH
333. DATE OF 315TH	334. DATE OF 316TH	335. DATE OF 317TH	336. DATE OF 318TH
337. DATE OF 319TH	338. DATE OF 320TH	339. DATE OF 321TH	340. DATE OF 322TH
341. DATE OF 323TH	342. DATE OF 324TH	343. DATE OF 325TH	344. DATE OF 326TH
345. DATE OF 327TH	346. DATE OF 328TH	347. DATE OF 329TH	348. DATE OF 330TH
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389. DATE OF 371TH	390. DATE OF 372TH	391. DATE OF 373TH	392. DATE OF 374TH
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401. DATE OF 383TH	402. DATE OF 384TH	403. DATE OF 385TH	404. DATE OF 386TH
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413. DATE OF 395TH	414. DATE OF 396TH	415. DATE OF 397TH	416. DATE OF 398TH
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425. DATE OF 407TH	426. DATE OF 408TH	427. DATE OF 409TH	428. DATE OF 410TH
429. DATE OF 411TH	430. DATE OF 412TH	431. DATE OF 413TH	432. DATE OF 414TH
433. DATE OF 415TH	434. DATE OF 416TH	435. DATE OF 417TH	436. DATE OF 418TH
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441. DATE OF 423TH	442. DATE OF 424TH	443. DATE OF 425TH	44

F-718

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOUSE	
C17974		FOX JEROME		45-443		CP			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	SI	ARI
GS 13	5	23433	10/17/73	GS 13	6	24122	10/14/73		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED INDIVIDUAL				IS OF ACCEPTABLE LEVEL OF COMPETENCE.					
SIGNATURE				DATE					
				10 OCT 1973					
<input type="checkbox"/> NO EXCESS DROP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				ACCEPTED BY					
151				UQB					
PAY CHANGE NOTIFICATION									
(4-51)									

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	ON-STEP	NEW SALARY
FOX JEROME	C17974	45	140	V GS 13 5	23,433

KHN: 15 OCT 73

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)									
017974		FOX JEROME									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					10 14 73		REGULAR				
6. FUNDS		7. PAY AND GRADE		8. CMC OR OTHER LEGAL AUTHORITY							
V TO V		V TO CF		4237 1374 0000		50 USC 403 J					
X		CF TO V		CF TO CF							
9. ORGANIZATIONAL DESIGNATION					10. LOCATION (OR CIVILIAN STATION)						
DOO/EA DIVISION					WASH., D.C.						
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION				
OPS OFFICER					4024		D				
14. CLASSIFICATION SCHEDULE (GS 18 INC.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		13 6		24122				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. DATE		21. OFFICE CODE		22. POSITION CODE		23. DATE OF GRANT		24. DATE OF REP.	
16		10		45140 EA		75013		1			
25. DATE		26. DATE		27. DATE		28. DATE		29. DATE		30. DATE	
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157. DATE		158.									

Section

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"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER
11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW
SALARY |
|------------|--------|-------|-------|------------|---------------|
| FOX JEROME | 017974 | 45 | 440 | CF GS 13 5 | \$22,328 |

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

U.S. 04750/73

| | | | |
|---|------------------------------------|---|---|
| 1. SERIAL NUMBER
017514 | | 2. NAME (Last, First, Middle)
FLA JEROME | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT | | | 4. EFFECTIVE DATE
MO DA YR
09 24 73 |
| 5. CATEGORY OF EMPLOYMENT | | 6. CSC OR OTHER LEGAL AUTHORITY | |
| 7. FUND | 8. TO | 9. FROM | 10. GRADE AND STEP |
| FLA | V TO V | A O TO O | 0137 1034 0000 |
| 11. ORGANIZATIONAL DESIGNATION
JCS/FL DIVISION | | 12. LOCATION OF OFFICIAL STATION | |
| | | | |
| 13. POSITION TITLE
OPS OFFICER | | 14. POSITION NUMBER
4335 | 15. CAREER SERVICE DESIGNATION
L |
| 16. CLASSIFICATION SCHEDULE (GS, GS, etc.)
GS | 17. OCCUPATIONAL SERIES
0130.01 | 18. GRADE AND STEP
13 | 19. SALARY OR RATE |

20. REMARKS

SIGNATURE OF OTHER AUTHENTICATION

SECRET

10-2 (Rev. 1-67)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| | | | | | |
|------------|--------|------|-------|------------|------------|
| NAME | SERIAL | ORG. | FUNDS | GR-STEP | NEW SALARY |
| FOX JEROME | 017974 | 45 | 440 | CF GS 13 5 | \$21,237 |

| | | | | | | | | | |
|---|------|------------|----------------|-------------------------|--------------------|----------|----------------|----------------|-----|
| 1. SERIAL NO. | | 2. NAME | | 3. ORGANIZATION | | 4. FUNDS | | 5. LWOP HOURS | |
| 017974 | | FOX JEROME | | 45 440 | | CF | | | |
| 6. OLD SALARY RATE | | | | | 7. NEW SALARY RATE | | | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | 8. TYPE ACTION | |
| GS 13 | 4 | \$19,537 | 10/19/69 | GS 13 | 5 | \$20,125 | 10/17/71 | ST | ADJ |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | |
| SIGNATURE | | | | DATE | | | | | |
| | | | | 7/16/37 | | | | | |
| <input type="checkbox"/> NO EXCESS LWOP
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD
<input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
| CLASSIFICATION | | | | AUTHOR | | | | | |
| 360 E | | | | PAY CHANGE NOTIFICATION | | | | | |

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"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656, AND
EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW
SALARY |
|------------|--------|-------|-------|------------|---------------|
| FOX JEROME | 017974 | 49 | 440 | CF GS 13 4 | \$19,537 |

SECRET

(When Filled In)

SEP 1 1976

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|-------------------------------|--|--------------------------------|
| 1. SERIAL NUMBER
017274 | | 2. NAME (LAST FIRST MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT | | 4. EFFECTIVE DATE
09 21 76 | |
| 5. CATEGORY OF EMPLOYMENT
REGULAR | | 6. FINANCIAL ANALYSIS FEE CHARGEABLE
1137 1633 6000 | |
| 7. FUNDS
V TO V
CF TO V-
X
CF TO CF | | 8. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATION
DDP/FE | | 10. LOCATION OF OFFICIAL STATION | |
| 11. POSITION TITLE
OPS OFFICER | | 12. POSITION NUMBER
1915 | |
| 13. SERVICE DESIGNATION
D | | 14. CLASSIFICATION SCHEDULE (GS, IS, etc.)
GS | |
| 15. OCCUPATIONAL SERIES
0136.01 | | 16. GRADE AND STEP
13-4 | |
| 17. SALARY OR RATE
13437 | | 18. REMARKS | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE
37 | 20. EMPLOY CODE
10 | 21. OFFICE CODE
45440 | 22. OFFICE CODE
FE |
| 23. NATURE CODE
37567 | 24. NATURE CODE
3 | 25. DATE OF BIRTH
MO DA YR | 26. DATE OF GRADE
MO DA YR |
| 27. DATE OF 1ST
MO DA YR | 28. DATE OF 2ND
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| 31. DATE OF 5TH
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| 123. DATE OF 97TH
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MO DA YR | 125. DATE OF 99TH
MO DA YR | 126. DATE OF 100TH
MO DA YR |
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PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11828 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

| | | | | | |
|------------|--------|-------|-------|------------|------------|
| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
| FOX JEROME | 017974 | 43 | 440 | CF GS 13 4 | \$18,487 |

F22

| | | | | | | | | | |
|--|------|------------|----------------|--------------------|------|----------|----------------|----------------|-----|
| 1. SERIAL NO. | | 2. NAME | | 3. ORGANIZATION | | 4. FUNDS | | 5. LWOP HOURS | |
| 017974 | | FOX JEROME | | 43 440 | | CF | | | |
| 6. OLD SALARY RATE | | | | 7. NEW SALARY RATE | | | | 8. TYPE ACTION | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | EFFECTIVE DATE | IN | ADJ |
| GS 13 | 3 | \$16,065 | 10/20/68 | GS 13 | 4 | \$17,393 | 10/19/69 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | DATE | |
| SIGNATURE | | | | | | | | 6 OCT 69 | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD
<input type="checkbox"/> EXCESS DEDUCTED AT END OF WAITING PERIOD | | | | | | | | | |
| EMPLOYER'S INITIALS | | | | | | | | 2
776 | |
| PAGE 1 OF 1 | | | | | | | | P | |
| PAY CHANGE NOTIFICATION | | | | | | | | | |

ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME | SERIAL | ORG. | FUNDS | GS-STEP | NEW
SALARY |
|------------|--------|------|-------|---------|---------------|
| PCX JEROME | 017974 | 45 | 440 | GS 13 3 | \$16,866 |

SECRET

(When Filled In)

FV01: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|------------------------------------|--|---|
| 1. SERIAL NUMBER
017974 | | 2. NAME (LAST FIRST MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT | | 4. EFFECTIVE DATE
05 02 69 | 5. CATEGORY OF EMPLOYMENT
REGULAR |
| 6. FUNDS
V TO V
CF TO V | V TO CF
X CF TO CF | 7. Financial Analysis No. Chargeable
9137 1039 0000 | 8. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J |
| 9. OPERATIONAL DEMONSTRATIONS
DUP/EE | | 10. LOCATION OF OFFICIAL STATION | |
| 11. POSITION TITLE
OPS OFFICER | | 12. POSITION NUMBER
4947 | 13. SERVICE DESIGNATION
D |
| 14. CLASSIFICATION SCHEDULE (GS 18-46) | 15. OCCUPATIONAL SERIES
0135.01 | 16. GRADE AND STEP
13 3 | 17. SALARY OR RATE
15369 |
| 18. REMARKS
HOME BASE: FE | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE
37 | 20. EMPLOY CODE
10 | 21. OFFICE CODE
45440 FC | 22. STATION CODE
57557 |
| 23. DATE OF BIRTH
3 | 24. DATE OF GRAD
18 | 25. DATE OF BIRTH
18 | 26. DATE OF GRAD
18 |
| 27. INT. EXP. DATE
18 | 28. SPECIAL REFERENCE
18 | 29. RETIREMENT DATA
18 | 30. SEPARATION DATA CODE
18 |
| 31. VET PREFERENCE
18 | 32. SERV. COMP. DATE
18 | 33. JORD. COMP. DATE
18 | 34. CAREER CATEGORY
18 |
| 35. HEALTH / HEALTH DISABILITY
18 | 36. SOCIAL SECURITY NO.
18 | 37. SECURITY REG. NO.
18 | 38. SECURITY REG. NO.
18 |
| 39. PREVIOUS CIVILIAN GOVERNMENT SERVICE
18 | | 40. LEAVE CAT. CODE
18 | |
| 41. FEDERAL TAX DATA
18 | | 42. STATE TAX DATA
18 | |
| SIGNATURE OF OTHER AUTHENTICATION | | | |

POSTED

SECRET

SF

14-00000

11 00

10 00

Use Previous

10 00

10 00

14-00000

11 00

10 00

Use Previous

10 00

10 00

SECRET
(When Filled In)

JLB: 14 APR 69

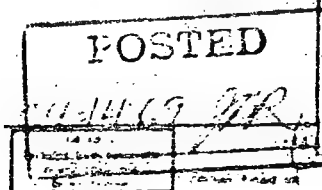
| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|--|-------------------------------|--|-------------------------|--|-------------------------------------|--|---------------------------------|--|------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST, FIRST, MIDDLE) | | | | | | | | | |
| 017974 | | FOX JEROME | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| CONVERSION | | | | 04 1 66 63 | | REGULAR | | | | | |
| 6. FUNDS | | V. TO V. | | V. TO C. | | 7. FINANCIAL ADJUSTMENT NO. CHARGES | | 8. CMC OR OTHER LEGAL AUTHORITY | | | |
| C. TO V. | | X | | C. TO C. | | 9137 1375 0000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP/FE | | | | | | WASH., D.C. | | | | | |
| 11. POSITION/TITLE | | | | | | 12. POSITION NUMBER | | 13. OFFICE INFORMATION | | | |
| OPS OFFICER | | | | | | 4024 | | D | | | |
| 14. CLASSIFICATION SCHEDULE (DA, DA, DA) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OF RATE | | | |
| GS | | | | 0136.01 | | 13 3 | | 15363 | | | |
| 18. REMARKS | | | | | | | | | | | |
| WASH., D.C. | | | | | | | | | | | |
| HOME BASE: FE | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOY CODE | | 21. OFFICE CODE/NO | | 22. CLASS CODE | | 23. PAY CODE | | 24. GRADE AND STEP | |
| 56 | | 10 | | 45140 FE | | 75013 | | 1 | | | |
| 25. NIS LABELS | | 26. SPECIAL REFERENCE | | 27. RETIREMENT DATA | | 28. SEPARATION DATA CODE | | 29. CURRENT OCCUPATIONAL INFO | | 30. DATE CODE | |
| NO DA | | | | NO DA | | | | NO DA | | NO DA | |
| 31. PREVIOUS | | 32. SERV. COMP. DATE | | 33. LONG. COMP. DATE | | 34. CARRIER CATEGORY | | 35. HEALTH INFORMATION | | 36. SPECIAL SELECT NO. | |
| NO DA | | NO DA | | NO DA | | NO DA | | NO DA | | NO DA | |
| 37. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | 38. LEAVE PAY CODE | | 39. SEPARATION DATA | | 40. STATE PAY DATA | | | |
| NO DA | | | | NO DA | | NO DA | | NO DA | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |

NOV 11 50
343 343 14 69

Use Previous
8-6-68

SECRET

PLW



SDF: 7 NOV 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NDF

| | | | |
|--|---|--|---|
| 1. SERIAL NUMBER
012974 | | 2. NAME (LAST FIRST MIDDLE)
FOX, JEROME | |
| 3. NATURE OF PERSONNEL ACTION
PROMOTION | | 4. EFFECTIVE DATE
MO DA YR
10 20 63 | |
| 5. CATEGORIES OF EMPLOYMENT
REGULAR | | 6. BASIC PAY RATE
9137 1375.0000 | |
| 7. ORGANIZATIONAL DESIGNATION
DDP/FE | | 8. LOCATION OF OFFICIAL STATION
WASH., D.C. | |
| 9. POSITION NUMBER
4024 | | 10. SERVICE DESIGNATION
D | |
| 11. CLASSIFICATION SCHEDULE (GS, LS, etc.)
GS | | 12. GRADE AND STEP
15 5
13 3 | |
| 13. REMARKS
WASH., D.C. | | 14. SALARY OR RATE
13330
15369 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 15. ACTION CODE
22 | 16. PAY CODE
10 | 17. OFFICE CODING
ALPHABETIC
05140 FE | 18. STATION CODE
75013 |
| 19. DATE OF BIRTH
MO DA YR
10 20 68 | 20. DATE OF GRADE
MO DA YR
10 20 68 | 21. DATE OF BIRTH
MO DA YR
10 20 68 | 22. DATE OF GRADE
MO DA YR
10 20 68 |
| 23. SPECIAL REFERENCE | 24. RETIREMENT DATA
CODE | 25. SEPARATION DATA CODE | 26. CORRECTION / CORRECTION DATA
TYPE MO DA YR |
| 27. VET PREFERENCE | 28. SERV. COMP. DATE
MO DA YR | 29. LONG. COMP. DATE
MO DA YR | 30. CAREER CATEGORY
CODE |
| 31. PREVIOUS CIVILIAN GOVERNMENT SERVICE
CODE | 32. LEAVE CAT. CODE | 33. FEDERAL TAX DATA
CODE | 34. STATE TAX DATA
CODE |
| SIGNATURE OR OTHER AUTHENTICATION | | | |

POSTED

11-9-62

FORM 1150
1-62 May 70 67Use Previous
Edition

SECRET

JLB

Excluded from automatic
downgrading and
declassification

(When Filled In)

58

| | | | | | | | | | |
|--|------|------------|---------------|---|------|----------|----------------|----------------|-----|
| 1. SERIAL NO. | | 2. NAME | | 3. ORGANIZATION | | 4. FUNDS | | 5. LWOP HOURS | |
| 017974 | | FOX JEROME | | 45 140 | | CF | | | |
| 6. OLD SALARY RATE | | | | 7. NEW SALARY RATE | | | | 8. TYPE ACTION | |
| Grade | Step | Salary | Last IN. Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ |
| GS 12 | 5 | 13798 | 09/11/66 | GS 12 | 6 | 14206 | 09/08/68 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY | | | | EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE | | | | | |
| SIGNATURE: | | | | | | | | DATE | |
| | | | | | | | | | |
| <input type="checkbox"/> NO EXCESS LWOP
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD
<input type="checkbox"/> | | | | 3
000 | | | | | |
| CLERK'S INITIALS | | | | | | | | BY | |
| | | | | | | | | | |
| FORM 560-E Use previous editions | | | | PAY CHANGE NOTIFICATION | | | | (4-51) | |

COMPENSATION
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S

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|------------|--------|-------|-------|------------|------------|------------|
| FOX JEROME | 017974 | 45 | 140 | CF GS 12 5 | \$12,489 | \$13,798 |

SECRET
(When Filled In)

| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST MIDDLE) | | 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | |
|--|--|-----------------------------|--|--------------------------------------|--|--|--|--------------------------|--|---------------------------|--|
| 017974 | | FOX JEROME | | REASSIGNMENT | | | | 05 19 68 | | REGULAR | |
| 6. FUNDS | | | | 7. Financial Analysis No. Chargeable | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | 11. POSITION TITLE | | | | | |
| DDP/FE | | | | 8137 1375 0000 | | WASH., D.C. | | | | | |
| 12. POSITION NUMBER | | | | 13. SERVICE DESIGNATION | | 14. CLASSIFICATION SCHEDULE (OS, ID, etc.) | | | | | |
| 4025 | | | | D | | GS | | | | | |
| 15. OCCUPATIONAL SERIES | | | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | |
| 0136.01 | | | | 05 5
12 5 | | 12604
12989 | | | | | |
| 18. REMARKS | | | | | | | | | | | |
| WASH., D.C. | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOY CODE | | 21. OFFICE CODING | | 22. STATION CODE | | 23. INTEGRITY CODE | | 24. MONTH CODE | |
| 37 | | 10 | | 45140 FE | | 75013 | | S | | 1 | |
| 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LEI | | 28. DATE OF LEI | | 29. DATE OF LEI | | 30. DATE OF LEI | |
| 05 19 68 | | 05 19 68 | | 05 19 68 | | 05 19 68 | | 05 19 68 | | 05 19 68 | |
| 31. SPECIAL REFERENCE | | 32. RETIREMENT DATA | | 33. SEPARATION DATA CODE | | 34. CORRECTION CODE | | 35. CORRECTION CODE | | 36. CORRECTION CODE | |
| 1. CSC
2. CA
3. PCA
4. NONE | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | |
| 37. VET PREFERENCE | | 38. SERV COMP DATE | | 39. LONG COMP DATE | | 40. CAREER CATEGORY | | 41. REG/HEALTH INSURANCE | | 42. SOCIAL SECURITY NO. | |
| 1. YES
2. NO | | 05 19 68 | | 05 19 68 | | CAB
HCB
HCB
HCB | | 1. YES
2. NO | | 0000000000 | |
| 43. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 44. LEAVE CAT CODE | | 45. FEDERAL TAX DATA | | 46. STATE TAX DATA | | 47. FEDERAL TAX DATA | | 48. STATE TAX DATA | |
| 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | | 1. YES
2. NO | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED | | | | | | | | | | | |

SECRET



POSTED

For the purpose of this study, the following data were collected:

Mitglieder:

00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD
SALARY | NEW
SALARY |
|------------|--------|-------|-------|------------|---------------|---------------|
| FOX JEROME | 017974 | 45 | 997 | CF GS 12 5 | \$12,443 | \$12,989 |

FVO: 1 APR 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|--|---|--|
| 1. SERIAL NUMBER
017974 | | 2. NAME (LAST FIRST MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION
SUSPENSION FOR THREE WORKING DAYS | | 4. EFFECTIVE DATE
04 01 66 | |
| 5. CATEGORY OF EMPLOYMENT
REGULAR | | 6. FINANCIAL ANALYSIS NO. CHARGEABLE
6137 1375 0000 | |
| 7. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J | | 8. ORGANIZATIONAL DESIGNATION
ODP/FE
DEVELOPMENT COMPLEMENT | |
| 9. LOCATION OF OFFICIAL STATION
WASH., D.C. | | 10. POSITION TITLE
CPS OFFICER | |
| 11. POSITION NUMBER
9997 | | 12. SERVICE DESIGNATION
D | |
| 13. CLASSIFICATION SCHEDULE (GS, LS, etc.)
FSR
GS | | 14. OCCUPATIONAL SERIES
0136.01 | |
| 15. GRADE AND STEP
05 5
12 5 | | 16. SALARY OR RATE
12604
12959 | |

17. REMARKS:
SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY EOS 4 APRIL 1966. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.
OTHER

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|---|-----------------------|---|--------------------------|------------------------------------|-------------------------|--------------------------------|-------------------|-----------------|
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODE (1-3)
NUMBER ALPHABETIC | 22. STATION CODE | 23. INTEGRAL CODE | 24. MILEAGE CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
| 28. INT. EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA
CSC
FED
LEA
MIL | 31. SEPARATION DATA CODE | 32. CORRECTION / CANCELLATION DATA | 33. SECURITY REQ. TAG | 34. SEX | | |
| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FEIGT / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | |
| 45. NO. PREVIOUS SERVICE
1. NO. PREVIOUS SERVICE
2. NO. PREVIOUS SERVICE (LESS THAN 3 YRS)
3. NO. PREVIOUS SERVICE (MORE THAN 3 YRS) | | 46. NO. YES
1. YES
2. NO | | 47. NO. YES
1. YES
2. NO | | 48. NO. YES
1. YES
2. NO | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

APR 4-1-66

FORM 3-66 1150
May 1966Use Previous
Editions

SECRET

SF

Circle 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

27 NOV 67

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|---|--|--|
| 1. SERIAL NUMBER
017974 | | 2. NAME (LAST-FIRST-MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION
[Redacted] | | 4. EFFECTIVE DATE
MO. DA. YR.
11 21 67 | |
| 5. CATEGORY OF EMPLOYMENT
REGULAR | | 6. FINANCIAL ANALYSIS NO. CHARGEABLE
8137 1375 0000 | |
| 7. FUNDS
V TO V
OF TO V
X OF TO V | | 8. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS
DOP/FE
DEVELOPMENT COMPLEMENT | | 10. LOCATION OF OFFICIAL STATION
WASH., D.C. | |
| 11. POSITION/TITLE
OPS. OFFICER | | 12. POSITION NUMBER
9997 | |
| 13. SERVICE DESIGNATION
D | | 14. CLASSIFICATION SCHEDULE (GS, LB, MC)
GS | |
| 15. OCCUPATIONAL SERIES
0136.01 | | 16. GRADE AND STEP
GS 5
12 5 | |
| 17. SALARY OR RATE
12074
12443 | | 18. REMARKS
OTHER | |
| MARITAL STATUS--MARRIED | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE
55 | 20. EMPLOY CODE
13 | 21. OFFICE CODES
NUMERIC ALPHABETIC
45997 FE | 22. STATION CODE
75013 |
| 23. INTEGRATE CODE
S | 24. HEALTH CODE
1 | 25. DATE OF BIRTH
[Redacted] | 26. DATE OF GRADE
MO. DA. YR. |
| 27. DATE OF LEI
MO. DA. YR. | 28. NTE EXPIRES
MO. DA. YR. | 29. SPECIAL REFERENCE
1. CSC
2. CIA
3. EPA
4. OTHER | 30. RETIREMENT DATA
CODE |
| 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA
EPA MO. DA. YR. | 33. SECURITY REQ. NO. | 34. SER. NO. |
| 35. VET. PREFERENCE
CODE
1. NONE
2. 5 PT.
3. 10 PT. | 36. SERV. COMP. DATE
MO. DA. YR. | 37. LONG COMP. DATE
MO. DA. YR. | 38. CAREER CATEGORY
CODE
1. A
2. B
3. C
4. D
5. E
6. F
7. G
8. H
9. I
10. J
11. K
12. L
13. M
14. N
15. O
16. P
17. Q
18. R
19. S
20. T
21. U
22. V
23. W
24. X
25. Y
26. Z |
| 39. FEDERAL/HEALTH INSURANCE
CODE
1. YES
2. NO | 40. SOCIAL SECURITY NO. | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE
CODE
0. NO PREVIOUS SERVICE
1. NO PREVIOUS SERVICE
2. BREAK IN SERVICE LESS THAN 3 YRS.
3. BREAK IN SERVICE MORE THAN 3 YRS. | 42. LEAVE CAT. CODE |
| 43. FEDERAL TAX DATA
FORM EXECUTED CODE
1. YES
2. NO | 44. STATE TAX DATA
FORM EXECUTED CODE
1. YES
2. NO | 45. NO TAX STATE CODE | 46. NO TAX STATE CODE |
| SIGNATURE OR OTHER AUTHENTICATION
[Redacted] | | | |

POSTED

RS

11-23-67

FORM 1150

Use Previous Edition

SECRET

PLW

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

SECRET
(When Filled In)

FORM 17-1, 1-67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 2. NAME (LAST-FIRST-MIDDLE)

017224 FOX JEROME

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT AND TRANSFER TO
CONFIDENTIAL FUNDS

4. EFFECTIVE DATE

11 11 67

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO C

C TO V

C TO C

7. Financial Analyst No. Chargeable

0137 1222 0000

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 402 J

9. ORGANIZATIONAL DESIGNATIONS

10. LOCATION OF OFFICIAL STATION

DOP/FE

FE DEVELOPMENT COMPLEMENT

WASH D C

11. POSITION TITLE

CPS OFFICER

12. POSITION NUMBER

147

13. SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LS, WLT)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12-5

17. SALARY OR RATE

12943

18. REMARKS

TRAINING

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--|-----------------------|---------------------------------------|--------------------------|----------------------------------|------------------------|-------------------|-------------------|-----------------|
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODE
NUMERIC ALPHABETIC | 22. STATION CODE | 23. INTEGRITY CODE | 24. NAME | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
| 28 | 13 | 45507 | 75013 | | | | | |
| 28. NTC EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REG NO | 34. SER. | | |
| | | | | | | | | |
| 35. NET PREFERENCE | 36. SERV COMP DATA | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FEEL/HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | |
| | | | | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42. LEAVE CAT | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | |
| | | | | | | | | |

SIGNATURE OR CARRIER AUTHENTICATION

FORM 17-1, 1-67

1150

Use Previous Edition

SECRET

FVD

FORM 17-1, 1-67
When Filled In

When Filled In

SECRET
(When Filled In)

BJT: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

OCF

| | | | |
|---|--|--|---|
| 1. SERIAL NUMBER
017974 | | 2. NAME (LAST-FIRST-MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT | | 4. EFFECTIVE DATE
MO. DA. YR.
05 21 67 | |
| 5. CATEGORY OF EMPLOYMENT
REGULAR | | 6. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J | |
| 7. FUNDS
X | 8. V TO V
X | 9. V TO CF
X | 10. CF TO V
X |
| 11. ORGANIZATIONAL DESIGNATIONS
DDP/FE | | 12. LOCATION OF OFFICIAL STATION
WASH., D.C. | |
| 13. POSITION TITLE
OPS OFFICER | | 14. POSITION NUMBER
3877 | |
| 15. CLASSIFICATION SCHEDULE (GS, LB, etc.)
GS | | 16. OCCUPATIONAL SERIES
0136.01 | |
| 17. GRADE AND STEP
12 5 | | 18. SALARY OR RATE
12443 | |
| 19. REMARKS | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 20. ACTION CODE
37 | 21. EMPLOY CODE
10 | 22. OFFICE CODING
NUMERIC ALPHABETIC
45140 FE | 23. STATION CODE
75013 |
| 24. INTEGRITY CODE
1 | 25. DATE OF BIRTH
MO. DA. YR.
05 21 67 | 26. DATE OF GRADE
MO. DA. YR.
05 21 67 | 27. DATE OF LET
MO. DA. YR.
05 21 67 |
| 28. INTL. EXPIRES
MO. DA. YR.
05 21 67 | 29. SPECIAL REFERENCE
1. CSC
2. CIP
3. PSC
4. OTHER
1. CSC | 30. RETIREMENT DATA
1. CSC
2. CIP
3. PSC
4. OTHER
1. CSC | 31. SEPARATION DATA CODE
1 |
| 32. CORRECTION/CANCELLATION DATA
TYPE MO. DA. YR.
1 05 21 67 | 33. SECURITY REG NO.
12443 | 34. SER
12443 | 35. SOCIAL SECURITY NO.
12443 |
| 36. VET. PREFERENCE
CODE
1 | 37. SERV. COMP. DATE
MO. DA. YR.
05 21 67 | 38. LONG COMP. DATE
MO. DA. YR.
05 21 67 | 39. CAREER CATEGORY
CODE
1 |
| 40. PREVIOUS CIVILIAN GOVERNMENT SERVICE
CODE
1 | 41. LEAVE CAT.
CODE
1 | 42. FEDERAL TAX DATA
CODE
1 | 43. STATE TAX DATA
CODE
1 |
| SIGNATURE OR OTHER AUTHENTICATION | | | |

POSTED

FORM 1150

Use Previous Edition

SECRET

BJT

APPROVED FOR POSTING

DATE AND BY WHOM

(When Filled In)

MRT: 17 NOV 66

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|--|-----------------------|-----------------------------|--------------------------|----------------------------------|-------------------------|---------------------------------|-------------------------|----------------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | |
| 017974 | | FOX JEROME | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS | | | | 11 20 66 | | REGULAR | | | |
| 6. FUNDS | | 7. TO | | 8. FROM | | 9. GROSS ENTERED NO. CHARGEABLE | | 10. CCK OR OTHER LEGAL AUTHORITY | |
| X | | A TO V | | V TO CP | | 7237 1385 0000 | | 50 USC 403 J | |
| 11. ORGANIZATIONAL DESIGNATION | | | | 12. LOCATION OF OFFICIAL STATION | | | | | |
| DDP/FE | | | | WASH., D.C. | | | | | |
| 13. POSITION TITLE | | | | 14. POSITION NUMBER | | 15. SERVICE DESIGNATION | | | |
| OPS OFFICER | | | | 4025 | | D | | | |
| 16. CLASSIFICATION SCHEDULE (GS-18-40) | | 17. OCCUPATIONAL SERIES | | 18. GRADE AND STEP | | 19. SALARY OR RATE | | | |
| GS | | 0136.01 | | 12 5 | | 12443 | | | |
| 20. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 21. ACTION CODE | 22. EMPLOY CODE | 23. OFFICIAL CODING | 24. STATION CODE | 25. INTERCEE CODE | 26. RIGHTS CODE | 27. DATE OF BIRTH | 28. DATE OF GRADE | 29. DATE OF LST | |
| 16 | 10 | 45140 FE | 75013 | | I | | | | |
| 30. DATE EXPIRES | 31. SPECIAL REFERENCE | 32. RETIREMENT DATA | 33. SEPARATION DATA CODE | 34. CANCELLATION DATA | 35. SECURITY | 36. SEC. NO. | 37. SEC. NO. | 38. SEC. NO. | |
| | | | | | | | | | |
| 39. VET. PREFERENCE | 40. LEAVE COMP. DATE | 41. LEAVE COMP. DATE | 42. CARRIER CATEGORY | 43. FEGLI/HEALTH INSURANCE | 44. SOCIAL SECURITY NO. | 45. SOCIAL SECURITY NO. | 46. SOCIAL SECURITY NO. | 47. SOCIAL SECURITY NO. | |
| | | | | | | | | | |
| 48. PREVIOUS GOVERNMENT SERVICE DATA | | | 49. LEAVE CAT | | 50. FEDERAL LAB DATA | | 51. STATE TAX DATA | | |
| | | | | | | | | | |
| SIGNATURE OF OTHER AUTHORITY | | | | | | | | | |

FORM 1120
11-621/2nd Form 1120
2-66

SECRET

 1. When Filled In
 2. When Filled In
 3. When Filled In
 4. When Filled In

(When Filled In)

RZF: 26 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|---|-----------------------|----------------------------------|--------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | |
| 017374 | | FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | |
| DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM | | MO: 09 DA: 25 YR: 66 | |
| 5. CATEGORY OF EMPLOYMENT | | 6. COST CENTER NO. CHARGEABLE | |
| REGULAR | | 7137 1487 0000 | |
| 7. CHECK OR OTHER LEGAL AUTHORITY | | 8. SALARY OR RATE | |
| PL 88-643 SECT. 203 | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | |
| DCP/FE | | SAIGON, SOUTH VIET NAM | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | |
| | | D | |
| 13. CLASSIFICATION SCHEDULE (GS, LG, etc.) | | 14. OCCUPATIONAL SERIES | |
| | | 12 | |
| 15. REMARKS
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE. | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 16. ACTION CODE | 17. EMPLOY CODE | 18. OFFICE CODING | 19. STATION CODE |
| | | NUMERIC ALPHABETIC | |
| 20. NTE EXPIRES | 21. SPECIAL REFERENCE | 22. RETIREMENT DATA | 23. SEPARATION DATA CODE |
| | | CODE | |
| | | 2 | |
| 24. CORRECTION/CANCELLATION DATA | 25. SECURITY REQ. NO. | 26. SEN | 27. DATE OF LIT. |
| | | | |
| 28. JET PREFERENCE | 29. SERV. COMP. DATE | 30. LONG. COMP. DATE | 31. CURRENT CATEGORY |
| | | | |
| 32. PREVIOUS GOVERNMENT SERVICE DATA | 33. LEAVE CAT. CODE | 34. FEDERAL TAX DATA | 35. STATE TAX DATA |
| | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED
 9-27-66/hm </div> | | | |

FORM 11-66

11-66

Use Prescribed Edition

SECRET

1. If the employee is not a member of the Federal Reserve System, the employee must be a member of the Federal Reserve System.

(When Filled In)

123

| | | | | | | | |
|--|------|------------|--------------|-------------------------|------|-------------|----------------|
| 1. Ser. No. | | 2. Name | | 3. Civil Control Number | | 4. LUMP SUM | |
| 017974 | | FOX JENOME | | 45 500 CF | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | |
| Grade | Step | Salary | Last PM Date | Grade | Step | Salary | Effective Date |
| GS 12 | 4 | 12064 | 09/13/64 | GS 12 | 5 | 12093 | 09/11/66 |
| 7. TYPE ACTION | | | | | | | |
| PSA LG ASD | | | | | | | |
| 8. Remarks and Authorizations | | | | | | | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD
<input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS _____ AUDITED BY _____
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS
OF AN ACCEPTABLE LEVEL OF COMPETENCE.
SIGNATURE: <i>W. B. [Signature]</i> DATE: 8/24/66
PAY CHANGE NOTIFICATION | | | | | | | |

Form 507E-10, 3-65

*PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962.*

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

| NAME | SERIAL | ORGN. | FUND | CH-STEP | OLD
SALARY | NEW
SALARY |
|------------|--------|-------|------|------------|---------------|---------------|
| FOX JENOME | 017974 | 45 | 500 | CF GS 12 4 | 12064 | 12093 |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME | SERIAL | OPGN. | FUND | GR-STEP | OLD
SALARY | NEW
SALARY |
|------------|--------|-------|------|------------|---------------|---------------|
| FOX JEROME | 017974 | 45 | 500 | CF GS 12 4 | \$11,315 | \$11,723 |

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE
SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM
ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR
OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL
INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY
DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL
INTELLIGENCE DATED 8 OCTOBER 1962.

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE
AND STEP AS INDICATED IN CHART BELOW.

GENERAL SCHEDULE RATES

Federal Employees Salary Act of 1964

| GRADE | Per Annum Rates and Steps | | | | | | | | | |
|-------|---------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| GS-1 | \$3,385 | \$3,500 | \$3,615 | \$3,730 | \$3,845 | \$3,960 | \$4,075 | \$4,190 | \$4,305 | \$4,420 |
| GS-2 | 3,680 | 3,805 | 3,930 | 4,055 | 4,180 | 4,305 | 4,430 | 4,555 | 4,680 | 4,805 |
| GS-3 | 4,005 | 4,140 | 4,275 | 4,410 | 4,545 | 4,680 | 4,815 | 4,950 | 5,085 | 5,220 |
| GS-4 | 4,480 | 4,620 | 4,760 | 4,900 | 5,080 | 5,230 | 5,380 | 5,530 | 5,680 | 5,830 |
| GS-5 | 5,000 | 5,165 | 5,330 | 5,495 | 5,660 | 5,825 | 5,990 | 6,155 | 6,320 | 6,485 |
| GS-6 | 5,505 | 5,690 | 5,875 | 6,060 | 6,245 | 6,430 | 6,615 | 6,800 | 6,985 | 7,170 |
| GS-7 | 6,050 | 6,250 | 6,450 | 6,650 | 6,850 | 7,050 | 7,250 | 7,450 | 7,650 | 7,850 |
| GS-8 | 6,630 | 6,830 | 7,030 | 7,230 | 7,430 | 7,630 | 7,830 | 8,030 | 8,230 | 8,430 |
| GS-9 | 7,220 | 7,420 | 7,620 | 7,820 | 8,020 | 8,220 | 8,420 | 8,620 | 8,820 | 9,020 |
| GS-10 | 7,900 | 8,100 | 8,300 | 8,500 | 8,700 | 8,900 | 9,100 | 9,300 | 9,500 | 9,700 |
| GS-11 | 8,650 | 8,850 | 9,050 | 9,250 | 9,450 | 9,650 | 9,850 | 10,050 | 10,250 | 10,450 |
| GS-12 | 10,250 | 10,450 | 10,650 | 10,850 | 11,050 | 11,250 | 11,450 | 11,650 | 11,850 | 12,050 |
| GS-13 | 12,075 | 12,275 | 12,475 | 12,675 | 12,875 | 13,075 | 13,275 | 13,475 | 13,675 | 13,875 |
| GS-14 | 14,170 | 14,370 | 14,570 | 14,770 | 14,970 | 15,170 | 15,370 | 15,570 | 15,770 | 15,970 |
| GS-15 | 16,460 | 16,660 | 16,860 | 17,060 | 17,260 | 17,460 | 17,660 | 17,860 | 18,060 | 18,260 |
| GS-16 | 18,915 | 19,115 | 19,315 | 19,515 | 19,715 | 19,915 | 20,115 | 20,315 | 20,515 | 20,715 |
| GS-17 | 21,445 | 21,645 | 21,845 | 22,045 | 22,245 | 22,445 | 22,645 | 22,845 | 23,045 | 23,245 |
| GS-18 | 24,300 | 24,500 | 24,700 | 24,900 | 25,100 | 25,300 | 25,500 | 25,700 | 25,900 | 26,100 |

DLR: 30 SEPT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|--|------------------|-------------------|-------------------|-------------------|---------------|-------------------|-------------------|-----------------|----|----|-------|----|-------|--|--|--------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|--|--|--|--|--|--|------------------|------------------|------------------|------------------|------------------|-------------------|-------------------|--|--|--|--|--|--|--|
| 1. SERIAL NUMBER
017974 | | 2. NAME (LAST FIRST MIDDLE)
FOX JEROME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION
(CANCELLATION) | | 4. EFFECTIVE DATE
MO. DA. YR.
09 18 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. CATEGORY OF EMPLOYMENT
REGULAR | | 6. COST CENTER NO. CHARGEABLE
5137 1392 0000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. FUNDS
V TO V
V TO V
X
V TO V | | 8. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATION
DOP FE
CS/CS DEVELOPMENT COMPLEMENT | | 10. LOCATION OF OFFICIAL STATION
WASH., D. C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. POSITION TITLE
OPS OFFICER | | 12. POSITION NUMBER
9997 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. CLASSIFICATION SCHEDULE (GS, LS, etc.)
GS | | 14. OCCUPATIONAL SERIES
0136.01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. GRADE AND STEP
05 2
12 4 | | 16. SALARY OR RATE
10290
11315 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. REMARKS
ADMIN ERROR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>18. ACTION CODE</td> <td>19. OFFICE CODE</td> <td>20. STATION CODE</td> <td>21. PAY GRADE</td> <td>22. DATE OF BIRTH</td> <td>23. DATE OF GRADE</td> <td>24. DATE OF LEL</td> </tr> <tr> <td>01</td> <td>13</td> <td>45927</td> <td>FE</td> <td>75013</td> <td></td> <td></td> </tr> <tr> <td>25. DATE OF EXPIRY</td> <td>26. SPECIAL REFERENCE</td> <td>27. PAYMENT DATA</td> <td>28. PAYMENT DATA</td> <td>29. PAYMENT DATA</td> <td>30. PAYMENT DATA</td> <td>31. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>32. PAYMENT DATA</td> <td>33. PAYMENT DATA</td> <td>34. PAYMENT DATA</td> <td>35. PAYMENT DATA</td> <td>36. PAYMENT DATA</td> <td>37. PAYMENT DATA</td> <td>38. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>39. PAYMENT DATA</td> <td>40. PAYMENT DATA</td> <td>41. PAYMENT DATA</td> <td>42. PAYMENT DATA</td> <td>43. PAYMENT DATA</td> <td>44. PAYMENT DATA</td> <td>45. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>46. PAYMENT DATA</td> <td>47. PAYMENT DATA</td> <td>48. PAYMENT DATA</td> <td>49. PAYMENT DATA</td> <td>50. PAYMENT DATA</td> <td>51. PAYMENT DATA</td> <td>52. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>53. PAYMENT DATA</td> <td>54. PAYMENT DATA</td> <td>55. PAYMENT DATA</td> <td>56. PAYMENT DATA</td> <td>57. PAYMENT DATA</td> <td>58. PAYMENT DATA</td> <td>59. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>60. PAYMENT DATA</td> <td>61. PAYMENT DATA</td> <td>62. PAYMENT DATA</td> <td>63. PAYMENT DATA</td> <td>64. PAYMENT DATA</td> <td>65. PAYMENT DATA</td> <td>66. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>67. PAYMENT DATA</td> <td>68. PAYMENT DATA</td> <td>69. PAYMENT DATA</td> <td>70. PAYMENT DATA</td> <td>71. PAYMENT DATA</td> <td>72. PAYMENT DATA</td> <td>73. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>74. PAYMENT DATA</td> <td>75. PAYMENT DATA</td> <td>76. PAYMENT DATA</td> <td>77. PAYMENT DATA</td> <td>78. PAYMENT DATA</td> <td>79. PAYMENT DATA</td> <td>80. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>81. PAYMENT DATA</td> <td>82. PAYMENT DATA</td> <td>83. PAYMENT DATA</td> <td>84. PAYMENT DATA</td> <td>85. PAYMENT DATA</td> <td>86. PAYMENT DATA</td> <td>87. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>88. PAYMENT DATA</td> <td>89. PAYMENT DATA</td> <td>90. PAYMENT DATA</td> <td>91. PAYMENT DATA</td> <td>92. PAYMENT DATA</td> <td>93. PAYMENT DATA</td> <td>94. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>95. PAYMENT DATA</td> <td>96. PAYMENT DATA</td> <td>97. PAYMENT DATA</td> <td>98. PAYMENT DATA</td> <td>99. PAYMENT DATA</td> <td>100. PAYMENT DATA</td> <td>101. PAYMENT DATA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | 18. ACTION CODE | 19. OFFICE CODE | 20. STATION CODE | 21. PAY GRADE | 22. DATE OF BIRTH | 23. DATE OF GRADE | 24. DATE OF LEL | 01 | 13 | 45927 | FE | 75013 | | | 25. DATE OF EXPIRY | 26. SPECIAL REFERENCE | 27. PAYMENT DATA | 28. PAYMENT DATA | 29. PAYMENT DATA | 30. PAYMENT DATA | 31. PAYMENT DATA | | | | | | | | 32. PAYMENT DATA | 33. PAYMENT DATA | 34. PAYMENT DATA | 35. PAYMENT DATA | 36. PAYMENT DATA | 37. PAYMENT DATA | 38. PAYMENT DATA | | | | | | | | 39. PAYMENT DATA | 40. PAYMENT DATA | 41. PAYMENT DATA | 42. PAYMENT DATA | 43. PAYMENT DATA | 44. PAYMENT DATA | 45. PAYMENT DATA | | | | | | | | 46. PAYMENT DATA | 47. PAYMENT DATA | 48. PAYMENT DATA | 49. PAYMENT DATA | 50. PAYMENT DATA | 51. PAYMENT DATA | 52. PAYMENT DATA | | | | | | | | 53. PAYMENT DATA | 54. PAYMENT DATA | 55. PAYMENT DATA | 56. PAYMENT DATA | 57. PAYMENT DATA | 58. PAYMENT DATA | 59. PAYMENT DATA | | | | | | | | 60. PAYMENT DATA | 61. PAYMENT DATA | 62. PAYMENT DATA | 63. PAYMENT DATA | 64. PAYMENT DATA | 65. PAYMENT DATA | 66. PAYMENT DATA | | | | | | | | 67. PAYMENT DATA | 68. PAYMENT DATA | 69. PAYMENT DATA | 70. PAYMENT DATA | 71. PAYMENT DATA | 72. PAYMENT DATA | 73. PAYMENT DATA | | | | | | | | 74. PAYMENT DATA | 75. PAYMENT DATA | 76. PAYMENT DATA | 77. PAYMENT DATA | 78. PAYMENT DATA | 79. PAYMENT DATA | 80. PAYMENT DATA | | | | | | | | 81. PAYMENT DATA | 82. PAYMENT DATA | 83. PAYMENT DATA | 84. PAYMENT DATA | 85. PAYMENT DATA | 86. PAYMENT DATA | 87. PAYMENT DATA | | | | | | | | 88. PAYMENT DATA | 89. PAYMENT DATA | 90. PAYMENT DATA | 91. PAYMENT DATA | 92. PAYMENT DATA | 93. PAYMENT DATA | 94. PAYMENT DATA | | | | | | | | 95. PAYMENT DATA | 96. PAYMENT DATA | 97. PAYMENT DATA | 98. PAYMENT DATA | 99. PAYMENT DATA | 100. PAYMENT DATA | 101. PAYMENT DATA | | | | | | | |
| 18. ACTION CODE | 19. OFFICE CODE | 20. STATION CODE | 21. PAY GRADE | 22. DATE OF BIRTH | 23. DATE OF GRADE | 24. DATE OF LEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 13 | 45927 | FE | 75013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. DATE OF EXPIRY | 26. SPECIAL REFERENCE | 27. PAYMENT DATA | 28. PAYMENT DATA | 29. PAYMENT DATA | 30. PAYMENT DATA | 31. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 32. PAYMENT DATA | 33. PAYMENT DATA | 34. PAYMENT DATA | 35. PAYMENT DATA | 36. PAYMENT DATA | 37. PAYMENT DATA | 38. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 39. PAYMENT DATA | 40. PAYMENT DATA | 41. PAYMENT DATA | 42. PAYMENT DATA | 43. PAYMENT DATA | 44. PAYMENT DATA | 45. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 46. PAYMENT DATA | 47. PAYMENT DATA | 48. PAYMENT DATA | 49. PAYMENT DATA | 50. PAYMENT DATA | 51. PAYMENT DATA | 52. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 53. PAYMENT DATA | 54. PAYMENT DATA | 55. PAYMENT DATA | 56. PAYMENT DATA | 57. PAYMENT DATA | 58. PAYMENT DATA | 59. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 60. PAYMENT DATA | 61. PAYMENT DATA | 62. PAYMENT DATA | 63. PAYMENT DATA | 64. PAYMENT DATA | 65. PAYMENT DATA | 66. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 67. PAYMENT DATA | 68. PAYMENT DATA | 69. PAYMENT DATA | 70. PAYMENT DATA | 71. PAYMENT DATA | 72. PAYMENT DATA | 73. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 74. PAYMENT DATA | 75. PAYMENT DATA | 76. PAYMENT DATA | 77. PAYMENT DATA | 78. PAYMENT DATA | 79. PAYMENT DATA | 80. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 81. PAYMENT DATA | 82. PAYMENT DATA | 83. PAYMENT DATA | 84. PAYMENT DATA | 85. PAYMENT DATA | 86. PAYMENT DATA | 87. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 88. PAYMENT DATA | 89. PAYMENT DATA | 90. PAYMENT DATA | 91. PAYMENT DATA | 92. PAYMENT DATA | 93. PAYMENT DATA | 94. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 95. PAYMENT DATA | 96. PAYMENT DATA | 97. PAYMENT DATA | 98. PAYMENT DATA | 99. PAYMENT DATA | 100. PAYMENT DATA | 101. PAYMENT DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SIGNATURE OF OTHER AUTHORITY ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

POSTED

10/12/64 215

SECRET

 CONTROL NO. 1000000000
 DATE 10/12/64
 BY 215

(When Filled In)

DLB: 23 SEPT 64

SECRET
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|---|--|--|--------------------------------------|
| 1. SERIAL NUMBER
017974 | | 2. NAME (LAST-FIRST-MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE
09 13 64 | 5. CATEGORY OF EMPLOYMENT
REGULAR |
| 6. FUNDS | 7. COST CENTER NO. (CHANGEABLE)
5137 1392 (XXX) | 8. CNA OR OTHER LEGAL AUTHORITY
50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATION
DDP FE
GS/CS DEVELOPMENT COMPLEMENT | | 10. LOCATION OF OFFICIAL STATION
WASH., D. C. | |
| 11. POSITION TITLE
OPS OFF | | 12. POSITION NUMBER
9997 | 13. SERVICE DESIGNATION
D |
| 14. CLASSIFICATION SCHEDULE (FE, GS, etc.)
GS | 15. OCCUPATIONAL SERIES
0136.01 | 16. GRADE AND STEP
GS-2
12 4 | 17. SALARY OR RATE
10290
11315 |
| 18. REMARKS | | | |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--|-----------------------------------|---------------------------------|--------------------------------------|---|----------------------------|-------------------------------|-------------------------------|-----------------------------|
| 19. ACTION CODE
55 | 20. EMPLOY CODE
13 | 21. OFFICE CODING
45397FE | 22. STATION CODE
25013 | 23. INTEREST CODE
1 | 24. PRIORITY CODE
1 | 25. DATE OF BIRTH
MO DA YR | 26. DATE OF GRADE
MO DA YR | 27. DATE OF LST
MO DA YR |
| 28. BTE EXPIRES
MO DA YR | 29. SPECIAL REFERENCE
MO DA YR | 30. RETIREMENT DATA
MO DA YR | 31. SEPARATION DATA CODE
MO DA YR | 32. COMPLETION/REINSTATEMENT DATE
MO DA YR | 33. SECURITY
REG NO | | | |
| 34. PER PREFERENCE
CODE | 35. SERV COMP DATE
MO DA YR | 36. LONG COMP DATE
MO DA YR | 37. CAREER CATEGORY
CODE | 38. PERS / HEALTH INSURANCE
CODE | 39. SOCIAL SECURITY NO. | | | |
| 40. PREVIOUS EMPLOYMENT SERVICE DATA
CODE | | 41. LEAVE CAT
CODE | 42. RESIDUAL PAY DATA
CODE | | 43. STATE TAX DATA
CODE | | | |

EOD DATA

1012ED
Hailed mick

JGD: 11 SEPT 64

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|---|-----------------------|----------------------------------|--------------------------|----------------------------------|-------------------------|---------------------------|-------------------|-----------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | |
| 017974 | | FOX JEROME | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| REASSIGNMENT AND TRANSFER TO
CONFIDENTIAL FUNDS | | | | 09 13 64 | | REGULAR | | | |
| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| V TO V
U TO V | | X
U TO V | | 5137 1392 mmm | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP/FE
CS/CS DEVELOPMENT COMPLEMENT | | | | WASH., D. C. | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | |
| OPS OFFICER | | | | 9997 | | D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 0136 (1) | | 12 4 | | 11315 | | | |
| 18. REMARKS | | | | | | | | | |
| TRAINING.
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS. | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | 20. TO EMP CODE | 21. STINES CODE (WS, ALPHABETIC) | 22. STATION CODE | 23. INTEGRATE CODE | 24. INCOME CODE | 25. DATE OF BIRTH | 26. DATE OF ENTRY | 27. DATE OF LST | |
| 20 | 13 | 45997 FE | 75013 | | | | | | |
| 28. DATE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REQ. NO. | | | | |
| | | | | | EOD DATA | | | | |
| 34. PET. PREFERENCE | 35. 1980 COMP. DATE | 36. 1985 COMP. DATE | 37. CAREER CATEGORY | 38. FEELT HEALTH INSURANCE | 39. SOCIAL SECURITY NO. | | | | |
| | | | | | | | | | |
| 40. PREVIOUS GOVERNMENT SERVICE DATA | | 41. LEAVE CAT | | 42. RESERVE TAX DATA | | 43. STATE TAX DATA | | | |
| | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| FROM: FE | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 10 FED </div> | | | | | | | | | |

1150

Use Previous Edition

15 SEP 1964 SECRET

10 FED

(When Filled In)

DEC 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|---|---|--|--------------------------------------|
| 1. NUMBER
017974 | | 2. NAME (LAST-FIRST MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT | | 4. EFFECTIVE DATE
12-02-64 | 5. CATEGORY OF EMPLOYMENT
REGULAR |
| 6. FUNDS | 7. COST CENTER NO. CHARGEABLE
5137 1487 0000 | 8. CXC OR OTHER LEGAL AUTHORITY
50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS
DDP FE
FE/VNC - SAIGON STATION
INTERNAL OPS BRANCH
IOB CAPITAL OPS SECTION | | 10. LOCATION OF OFFICIAL STATION
SAIGON, SOUTH VIET NAM | |
| 11. POSITION TITLE
OPS OFFICER | | 12. POSITION NUMBER
4608 | 13. SERVICE DESIGNATION
D |
| 14. CLASSIFICATION SCHEDULE (GS, 18, etc.)
GS | 15. OCCUPATIONAL SERIES
0136.01 | 16. GRADE AND STEP
12 4 | 17. SALARY GS RATE
11315 |
| 18. REMARKS | | | |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| 19. ACTION CODE
37 | 20. EMPLOY CODE
10 | 21. OFFICE CODE
45300 FE | 22. STATION CODE
77205 | 23. INTEREST CODE
3 | 24. BIRTH CODE
3 | 25. DATE OF BIRTH
12 02 64 | 26. DATE OF SECE
12 02 64 | 27. DATE OF LEI
12 02 64 |
| 28. VET. PREFERENCE
1000 | 29. VET. PREFERENCE
1000 | 30. VET. PREFERENCE
1000 | 31. VET. PREFERENCE
1000 | 32. VET. PREFERENCE
1000 | 33. VET. PREFERENCE
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| 93. VET. PREFERENCE
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| 96. VET. PREFERENCE
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| 97. VET. PREFERENCE
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| 98. VET. PREFERENCE
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| 99. VET. PREFERENCE
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| 100. VET. PREFERENCE
1000 | | | | | | | | |

EOD DATA

10-11-64

10-11-64

11-11-64

11-11-64

11-11-64

11-11-64

11-11-64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPD 09/01/64

| | | | |
|---|--|---|--|
| 1. SERIAL NUMBER
017974 | | 2. NAME (LAST / FIRST / MIDDLE)
FOX JEROME | |
| 3. NATURE OF PERSONNEL ACTION
REASSIGNMENT | | 4. EFFECTIVE DATE
MO DA YR
08 31 64 | |
| 5. CATEGORY OF EMPLOYMENT | | 6. COST CENTER NO. (CHARGEABLE) | |
| 7. FUNDS
X V TO V
O TO V
V TO O
O TO O | | 8. CXC OR OTHER LEGAL AUTHORITY | |
| 9. ORGANIZATIONAL DESIGNATION
DDP/FB DIVISION
FB VNC NORTH VIETNAM 860 | | 10. LOCATION OF OFFICIAL STATION
WASH., D. C. | |
| 11. POSITION TITLE
OPS OFFICER | | 12. POSITION NUMBER
4429 | |
| 13. CAREER SERVICE DESIGNATION
D | | 14. CLASSIFICATION SCHEDULE (GS-10, etc.)
GS | |
| 15. OCCUPATIONAL SERIES
0136.01 | | 16. GRADE AND STEP
12 | |
| 17. SALARY OR RATE | | 18. REMARKS | |
| SIGNATURE OF OTHER AUTHENTICATION | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> FO. 110
9/1/64 met </div> | | | |

Form 1-64 1-64

Use Previous 1-64

SECRET

SECRET
Excluded from automatic
downgrading and
declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1964.

| NAME | SERIAL | ORGN | FUNDS | GR-ST | OLD
SALARY | NEW
SALARY |
|------------|--------|------|-------|-----------|---------------|---------------|
| FOX JEROME | 017974 | 45 | 160 | V GS 12 3 | \$10,105 | \$10,640 |

1. Serial No. 017974 2. Name FOX JEROME 3. Cost Center Number 56-160-7 4. LWOP (Hours)

| OLD SALARY RATE | | | | NEW SALARY RATE | | | | 7. TYPE ACTION | | |
|-----------------|------|---------|--------------|-----------------|------|----------|----------------|----------------|-----|------|
| Grade | Step | Salary | Left in Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ. |
| GS 12 | 2 | \$9,790 | 09/16/62 | GS 12 | 3 | \$10,105 | 09/15/63 | | | |

8. Remarks and Administration

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS
OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [Signature] DATE: [Date]

PAY CHANGE NOTIFICATION

RZR: 29 APR 63

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER

2. NAME (LAST FIRST MIDDLE)

017974

FOX JEROME

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT AND CHANGE OF
SERVICE DESIGNATION

4. EFFECTIVE DATE

04 29 63

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

X

V TO V

V TO C

C TO V

C TO C

7. COST CENTER NO. CHARGEABLE

3237 1250 1000

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS

DDP/FE
FE/VCL - VIETNAM - CAMBODIA - LAOS
VIETNAM OPERATIONS SECTION
FI/CI OPERATIONS UNIT

10. LOCATION OF OFFICIAL STATION

WASHINGTON, D.C.

11. POSITION TITLE

OPS OFFICER

12. POSITION NUMBER

2103

13. SERVICE DESIGNATION

0

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12 2

17. SALARY OR RATE

9790

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|---|-----------------------|----------------------|---|------------------------------------|-------------------------|--|-------------------|-------------------|
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODE | 22. STATION CODE | 23. INTEGRITY CODE | 24. HAZARD CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF ENTRY |
| 37 | 10 | 50100 | FE | 75013 | 1 | | | |
| 28. HIC APPLIES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CANCELLATION/CANCELLATION DATA | 33. SECURITY | 34. SEN | 35. SEN | 36. SEN |
| | | | | | | | | |
| 37. VET. PREFERENCE | 38. SERV. COMP. DATE | 39. LONG. COMP. DATE | 40. CAREER CATEGORY | 41. FEGLI / HEALTH INSURANCE | 42. SOCIAL SECURITY NO. | | | |
| | | | | | | | | |
| 43. PREVIOUS GOVERNMENT SERVICE DATA | | | 44. FEDERAL TAX DATA | | | 45. STATE TAX DATA | | |
| 43.1. NO. OF YEARS IN SERVICE
43.2. AREA IN SERVICE (ACTION TAKEN)
43.3. AREA IN SERVICE (ACTION TAKEN) | | | 44.1. SELECTED CODE
44.2. SELECTED CODE
44.3. SELECTED CODE | | | 45.1. STATE TAX DATA
45.2. STATE TAX DATA
45.3. STATE TAX DATA | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED



1150

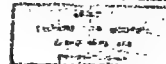
Use Previous

E-200



2 APR 63

SECRET



FORM 100-10

ABM: 20 DEC 62

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|---|-----------------|-----------------------------|-------------------|-------------------------|---------------|----------------------------------|-------------------|----------------------------------|-----------------|-------------------------|--|
| OCF | | | | | | | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | |
| 017974 | | FOX JEROME | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| REASSIGNMENT AND TRANSFER TO
VOUCHERED FUNDS | | | | | | NO. DA. YR.
12 23 62 | | REGULAR | | | |
| 6. FUNDS | | V TO V | | V TO CF | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| X | | G TO V | | CF TO G | | 3257 1019 6000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DOI ORR
OFFICE OF THE ASSISTANT DIRECTOR | | | | | | WASH., D. C. | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | 13. CAREER-SERVICE DESIGNATION | | | |
| | | | | | | 1564 | | 1R | | | |
| 14. CLASSIFICATION SCHEDULE (CL. ED. etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | | | 1390:08 | | 12 2 | | 9790 | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTERCODE | 24. MONTHS | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | |
| 16 | 10 | NUMERIC
88100 | ALPHABETIC
ORR | 75013 | | 1 | | | | | |
| 28. DATE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ. NO. | |
| NO. DA. YR. | | | | | | | | EOD DATA | | | |
| 34. VET. PREFERENCE | | 35. SERV. COMP. DATE | | 36. LONG. COMP. DATE | | 37. CAREER CATEGORY | | 38. FECLT / HEALTH INSURANCE | | 39. SOCIAL SECURITY NO. | |
| CODE | | NO. DA. YR. | | NO. DA. YR. | | CAR. DES. AMOUNT | | CODE | | CODE | |
| 40. PREVIOUS GOVERNMENT SERVICE DATA | | 41. LEAVE CAT | | 42. FEDERAL TAX DATA | | 43. STATE TAX DATA | | 44. SOCIAL SECURITY NO. | | | |
| CODE | | CODE | | CODE | | CODE | | CODE | | | |
| 1 - NO PREVIOUS SERVICE
2 - NO SERVICE IN SERVICE
3 - SERVICE IN SERVICE LESS THAN 3 YRS
4 - SERVICE IN SERVICE MORE THAN 3 YRS | | 1 - YES
2 - NO | | 1 - YES
2 - NO | | 1 - YES
2 - NO | | 1 - YES
2 - NO | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED
 28 DEC 1962 </div> </div> | | | | | | | | | | | |

FORM 1150

Use Previous Edition

SECRET

FORM 1150-1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.
 EFFECTIVE 14 OCTOBER 1962

| NAME | SERIAL | ORGN | FUNDS | OLD
GR-ST SALARY | OLD
GR-ST SALARY | NEW
GR-ST SALARY | NEW
GR-ST SALARY |
|------------|--------|-------|---------|---------------------|---------------------|---------------------|---------------------|
| FOX JEROME | 017974 | 70530 | CF 12 2 | \$ 9215 | 12 2 | \$ 9700 | |

| | | | | | | | |
|---|------|------------|----------------|-------------------------|------|---------------|----------------|
| 1. Serial No. | | 2. Name | | 3. Civil Control Number | | 4. LWOP Hours | |
| 017974 | | FOX JEROME | | 70 530 CF 3 | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | |
| Grade | Step | Salary | Effective Date | Grade | Step | Salary | Effective Date |
| GS 12 1 | 8 | \$ 8,955 | 03/19/61 | GS 12 2 | 8 | \$ 9,215 | 09/16/62 |
| 7. TYPE ACTION | | | | | | | |
| PSI LSI ADJ | | | | | | | |
| 8. Remarks and Authentication | | | | | | | |
| 4 742
/ NO EXCESS LWOP / / EXCESS LWOP
/ IN PAY STATUS AT END OF WAITING PERIOD
/ IN LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY
PAY CHANGE NOTIFICATION | | | | | | | |

PSC: 17 MARCH 1961

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|---|-----------------|-------------------------------|--|----------------------------------|-----------------------|--------------------------------|-------------------|----------------------------------|-------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | |
| 017974 | | FOX JEROME | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| PROMOTION | | | | 03 19 61 | | REGULAR | | | |
| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| <input type="checkbox"/> V TO V
<input type="checkbox"/> V TO CF
<input checked="" type="checkbox"/> CF TO V
<input type="checkbox"/> CF TO CF | | 1137 7000 6135 | | 50 USC 403 J | | | | | |
| 9. ORGANIZATIONAL DESIGNATION | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| OFFICE OF DDI (TOKYO)
STRATEGIC INTELLIGENCE STAFF | | | | TOKYO, JAPAN | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. CAREER SERVICE DESIGNATION | | | |
| | | | | 0096 | | 1R | | | |
| 14. CLASSIFICATION SCHEDULE (GS, PL, SM, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 1390.08 | | 12 1 | | 8955 | | | |
| 18. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTELLIGENCE CODE | 24. HEALTH CODE | 25. DATE OF BIRTH | | 26. DATE OF GRADE |
| 22 | 10 | 70530 DDI | | 37587 | | 3 | 03 19 61 | | 03 19 61 |
| 27. NTE EXPIRES | | 28. SPECIAL REFERENCE | | 29. RETIREMENT DATA | | 30. SEPARATION DATA | | 31. CORRECTION/CANCELLATION DATA | |
| | | | | | | | | EOD DATA | |
| 32. VET. PREFERENCE | | 33. SEAV. COMP. DATE | | 34. LONG COMP. DATE | | 35. MIL. SERV. CREDIT/LCD | | 36. FEGLI / HEALTH INSURANCE | |
| | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | |
| | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED
 MAR 28 1961 </div> | | | | | | | | | |

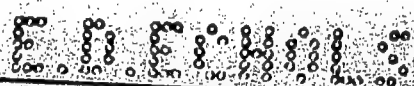
Form 1150
6-63

Obsolete Previous Editions

SECRET

14-511

SECRET
(WHEN FILLED IN)

| | | | | | | | | | |
|--|------|------------|---------------------|------------------|----|--------------------|------|--------------|----------------|
| 1. EMP. SERIAL NO. | | 2. NAME | | 3. ASSIGNED ORGN | | 4. FUNDS | | 5. ALLOTMENT | |
| 517974 | | FOX JEROME | | DDI 3 | | UV | | | |
| 6. OLD SALARY RATE | | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | 7. NEW SALARY RATE | | | |
| | | | MO | DA | YR | GRADE | STEP | SALARY | EFFECTIVE DATE |
| GS 11 | 2 | \$ 7,820 | 04 | 19 | 59 | GS 11 | 3 | \$ 8,090 | 10 16 60 |
| 8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP | | | | | | | | | |
| 9. NUMBER OF HOURS LWOP | | | | | | | | | |
| 10. INITIALS OF CLERK | | | | | | | | | |
| 11. AUDITOR | | | | | | | | | |
| 12. TYPE OF ACTION | | | | | | | | | |
| 13. REMARKS | | | | | | | | | |
| 14. AUTHENTICATION | | | | | | | | | |
| <div align="center">  </div> | | | | | | | | | |

PAY CHANGE NOTIFICATION

FORM 560-1-59 OBsolete PREVIOUS EDITION REPLACES FORM 5600 AND 5605

SECRET

OFFICIAL PERSONNEL FOLDER (4)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

| | | | | | | |
|----|------------|--------|-------|---------|------------|------------|
| 3D | NAME | SERIAL | ORGN | GR-ST | OLD SALARY | NEW SALARY |
| 1R | FOX JEROME | 517974 | 18 25 | GS-11 2 | \$ 7,270 | \$ 7,820 |

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL
SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE

AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

| SD | NAME | SERIAL | ORGN | OLD OCC SERIES | NEW OCC SERIES |
|----|------------|--------|-------|----------------|----------------|
| IR | FOX JEROME | 517974 | 10 25 | 1390.06 | 1390.08 |

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

JFC:7 JULY 59

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | |
|-----------------------------------|--|---|--|--|--|--|--|---|--|--------------------------------------|--|
| 1. Serial No.
517974 | | 2. Name (Last-First-Middle)
FOX JEROME | | 3. Date Of Birth | | 4. Vet. Pref.
None-0
5 Pt-1
10 Pt-2 | | 5. Sex
M 1 | | 6. CS-EOD
Mo. Da. Yr.
06 15 55 | |
| 7. SCD
Mo. Da. Yr.
04 16 54 | | 8. CSC Rmt.
Yes-1
No-2 | | 9. CSC Or Other Legal Authority
Code
1 50 USCA 403 J | | 10. Appt. Allg. Av.
Mo. Da. Yr. | | 11. FEGLI
Yes-1
No-2 | | 12. LCD
Mo. Da. Yr.
06 15 55 | |
| | | | | | | | | 13. prev Act
Yes-1
No-2 | | Code
2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 14. Organizational Designations
DDI ORR | | Code
1323 | | 15. Location Of Official Station
WASH., D.C. | | Station Code
75013 | |
| 16. Dept. - Field
Dept. - 1
USId. - 3
Frqn. - 5 | | 17. Position Title
Code
2 IDENTIFICATION SPEC | | 18. Position No.
92301 | | 19. Serv. 20. Occup. Series
CS 1390.06 | |
| 21. Grade & Step
1 1 2 | | 22. Salary Or Rate
\$ 7270 | | 23. SD
1R | | 24. Date Of Grade
Mo. Da. Yr.
10 20 57 | |
| | | | | 25. Pst. Date
Mo. Da. Yr.
04 19 59 | | 26. Appropriation Number
8 5709 20 | |

ACTION

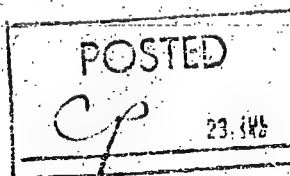
| | | | | | | | | | | | |
|--|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|
| 27. Nature Of Action
REASSIGNMENT TRANSFER TO
CONFIDENTIAL FUNDS | | Code
06 | | 28. Eff. Date
Mo. Da. Yr.
07 26 59 | | 29. Type Of Employee
REGULAR | | Code
01 | | 30. Separation Date | |
|--|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|

PRESENT ASSIGNMENT

| | | | | | | | |
|--|--|---------------------------------|--|--|--|--|--|
| 31. Organizational Designations
OFFICE OF DDI (TOKYO)
STRATEGIC INTELLIGENCE STAFF | | Code
1825 | | 32. Location Of Official Station
TOKYO, JAPAN | | Station Code
37537 | |
| 33. Dept. - Field
Dept. - 1
USId. - 3
Frqn. - 5 | | 34. Position Title
Code
5 | | 35. Position No.
000 | | 36. Serv. 37. Occup. Series
CS 1390.06 | |
| 38. Grade & Step
1 1 2 | | 39. Salary Or Rate
\$ 7270 | | 40. SD
1R | | 41. Date Of Grade
Mo. Da. Yr.
10 12 57 | |
| | | | | 42. Pst. Date
Mo. Da. Yr.
10 11 50 | | 43. Appropriation Number
9 3700 75 901 | |

44. Remarks:

SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.



FORM NO. 1 MAR 57 1150a

SECRET

(4)

SECRET
(WHEN FILLED IN)

| | | | | | | | | | |
|---|------|------------------------------|---------------------|--|----|-------------------------------------|------|--------------|----------------|
| 1. EMP. SERIAL NO.
11797A | | 2. NAME
FOX JEROME | | 3. ASSIGNED ORGAN.
DDI/ORR 3 | | 4. FUNDS.
V-20 | | 5. ALLOTMENT | |
| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE |
| GS 11 | 1 | \$ 7,030 | MO | DA | YR | GS 11 | 2 | \$ 7,270 | MO DA YR |
| | | | 10 | 20 | 57 | | | | 04 19 59 |
| TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER | | | | | | | | | |
| 8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LEOP <input type="checkbox"/> EXCESS LEOP | | | | | | 9. NUMBER OF HOURS LEOP None | | | |
| IF EXCESS LEOP, CHECK FOLLOWING:
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD
<input type="checkbox"/> IN LEOP STATUS AT END OF WAITING PERIOD | | | | | | 10. INITIALS OF CLERK W | | | |
| 11. AUDITED BY | | | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | |
| 12. PROJECTED SALARY RATE AND EFFECTIVE DATE | | | | | | 13. REMARKS | | | |
| GRADE | STEP | SALARY | MO | DA | YR | | | | |
| | | | | | | | | | |
| 14. AUTHENTICATION | | | | | | | | | |
| <p align="center">SECRET</p> <p align="center">PERIODIC STEP INCREASE - AUTHENTICATION</p> | | | | | | | | | |

FORM NO. 5605
1 MAR 58

SECRET

PERSONNEL FOLDER (4)

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING
FROM R-20-250

| SER # | NAME | SSN | OLD SLOT | NEW SLOT | DATE |
|--------|------------|------------|----------|----------|----------|
| 11797A | FOX JEROME | IR 0929.01 | 923 | | 03/11/59 |

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE, SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

| NAME | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|------------|--------|------------|------------|------------|
| FOX JEROME | 117974 | GS-11-1 | \$ 6,390 | \$ 7,030 |

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | |
|---------------|--|-----------------------------|--|---------------------------------|--|---------------------------------|--|---------------|--|-------------|--|
| 1. Serial No. | | 2. Name (Last-First-Middle) | | 3. Date Of Birth | | 4. Vet. Prof. | | 5. Sex | | 6. CS-EOD | |
| 117 | | OX, J. E. | | Mo. Da. Yr. | | None-0
5: Pt. 1
10: Pt. 2 | | Code | | Mo. Da. Yr. | |
| 7. SCD | | 8. CSC Reent. | | 9. CSC Or Other Legal Authority | | 10. Admt. Aftday. | | 11. FEGLI | | 12. LCD | |
| Mo. Da. Yr. | | Yes-1
No-2 | | Code | | Mo. Da. Yr. | | Yes-1
No-2 | | Code | |
| 1 | | 1 | | 50 USC 3162 J | | 1 | | 1 | | 1 | |

PREVIOUS ASSIGNMENT

| | | | | | | | |
|---------------------------------|--|--------------------|--|----------------------------------|--|--------------------------|--|
| 14. Organizational Designations | | Code | | 15. Location Of Official Station | | Station Code | |
| DDI - OIR | | | | WASH., D.C. | | | |
| 16. Dept. Field | | 17. Position Title | | 18. Position No. | | 19. Serv. | |
| DDI - 2 | | DDI - TIF - AS - 1 | | 20. Occup. Series | | 1300.0 | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | | 24. Date Of Grade | |
| 2 | | \$ 575 | | IR | | Mo. Da. Yr. | |
| | | | | | | 25. PSI Due | |
| | | | | | | Mo. Da. Yr. | |
| | | | | | | 26. Appropriation Number | |
| | | | | | | 110-6 | |

ACTION

| | | | | | | | | | | | |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action | | Code | | 28. Eff. Date | | 29. Type Of Employee | | Code | | 30. Separation Data | |
| PROMOTION | | 100 | | Mo. Da. Yr. | | 100 | | 1 | | | |
| | | | | Mo. Da. Yr. | | | | | | | |

PRESENT ASSIGNMENT

| | | | | | | | |
|---------------------------------|--|--------------------|--|----------------------------------|--|--------------------------|--|
| 31. Organizational Designations | | Code | | 32. Location Of Official Station | | Station Code | |
| DDI - OIR | | | | WASH., D.C. | | 100 | |
| 33. Dept. Field | | 34. Position Title | | 35. Position No. | | 36. Serv. | |
| DDI - 2 | | DDI - TIF - AS - 1 | | 20 | | 1 | |
| 37. Grade & Step | | 38. Salary Or Rate | | 39. SD | | 40. Date Of Grade | |
| 1 | | \$ 575 | | IR | | Mo. Da. Yr. | |
| | | | | | | 41. PSI Due | |
| | | | | | | Mo. Da. Yr. | |
| | | | | | | 42. Appropriation Number | |
| | | | | | | 110-6 | |

44. Remarks

RECEIVED
21 MAR 1952

[Signature]

FORM NO. 1-1150

SECRET

542

SECRET
(WHEN FILLED IN)

| | | | | | | | | | |
|---|----------|------------------------------|---------------------|---|-----------|-------------------------|----------|-----------------|-----------------|
| 1. EMP. SERIAL NO.
117974 | | 2. NAME
FOX JEROME | | 3. ASSIGNED OFFICER
DDI/ORR 3 | | 4. FUNDS
V-20 | | 5. ALLOTMENT | |
| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE |
| | | | NO. | DA. | YR. | | | | NO. DA. YR. |
| 9 | 1 | \$ 5,440 | 07 | 01 | 56 | 9 | 2 | \$ 5,575 | 06 30 57 |
| REMARKS | | | | | | | | | |
| <p align="center">CERTIFICATION</p> <p>I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.</p> <p>TYPED OR PRINTED NAME OF AUTHORITY: _____ DATE: 23 May 57 SIGNATURE: _____</p> <p align="center">PERIODIC STEP INCREASE VERIFICATION</p> <p align="center">SECRET</p> <p align="right">PERSONNEL FOLDER (4)</p> | | | | | | | | | |

FORM NO. 560
1 MAR 56

SECRET
(WHEN FILLED IN)

| | | | | | | | | | | | | | | | | | | | | | |
|---|----------|------------------------------|---------------------|---------------------------------------|-----------|-------------------------|----------|-----------------|-----------------|-------|------|--------|-----|-----|-----|--|--|--|--|--|--|
| 1. EMP. SERIAL NO.
117974 | | 2. NAME
FOX JEROME | | 3. ASSIGNED OFFICER
DDI/ORR | | 4. FUNDS
V-20 | | 5. ALLOTMENT | | | | | | | | | | | | | |
| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | | | | | | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | | | | | | | | | | | |
| | | | NO. | DA. | YR. | | | | NO. DA. YR. | | | | | | | | | | | | |
| 9 | 1 | \$ 5,440 | 07 | 01 | 56 | 9 | 2 | \$ 5,575 | 06 30 57 | | | | | | | | | | | | |
| <p align="center">TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</p> <p>8. CHECK ONE: <input type="checkbox"/> NO STEPS LOST <input type="checkbox"/> EXCESS LOST</p> <p>9. NUMBER OF HOURS LOST _____</p> <p>10. INITIALS OF CLERK _____ 11. AUDITED BY _____</p> <p align="center">TO BE COMPLETED BY THE OFFICE OF PERSONNEL</p> <p>12. PROPOSED SALARY RATE AND EFFECTIVE DATE</p> <table border="1"> <tr> <td>GRADE</td> <td>STEP</td> <td>SALARY</td> <td>NO.</td> <td>DA.</td> <td>YR.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>13. DEBATES _____</p> <p>14. AUTHENTICATION _____</p> <p align="center">PERIODIC STEP INCREASE AUTHENTICATION</p> <p align="center">SECRET</p> <p align="right">PERSONNEL FOLDER</p> | | | | | | | | | | GRADE | STEP | SALARY | NO. | DA. | YR. | | | | | | |
| GRADE | STEP | SALARY | NO. | DA. | YR. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

FORM NO. 560
1 MAR 56

STANDARD FORM 32
PROCESSED BY THE
U. S. CIVIL SERVICE COMMISSION
GENERAL USE - PERSONAL PERSONNEL
FORM NO. 10-10-1

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)

Mr. Jerome Fox

2. DATE OF BIRTH

3. REQUEST NO.

4. DATE OF RECEIPT

18 April 1957

5. NATURE OF ACTION REQUESTED:

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

Reassignment

6. EFFECTIVE DATE
A. PROPOSED:

ASAP

7. C.S. OR OTHER
LEGAL AUTHORITY

B. APPROVED:

2 JUN 1957

8. POSITION (Specify whether establish, change grade or title, etc.)

FROM—

Identification Specialist P-924.03
GS-1390.06-09 \$5440.00 per annum
DDI/Office of Research and Reports
Chief,

9. POSITION TITLE AND
NUMBER

10. SERVICE, GRADE, AND
SALARY

11. ORGANIZATIONAL
DESIGNATION

12. HEADQUARTERS

13. FIELD OR DEPARTMENTAL

TO—

Identification Specialist P-923.01
GS-1390.06-09 \$5440.00 per annum
DDI/Office of Research and Reports

Washington, D.C.

Washington, D.C.

☐ FIELD

☒ DEPARTMENTAL

☐ FIELD

☒ DEPARTMENTAL

14. REMARKS (Use reverse if necessary)

Reassignment submitted to conform to T/O reorganization

D. REQUEST APPROVED BY

Signature: PAUL E. WILDERAND

Title: Chief, Administrative Staff, OCS

15. POSITION CLASSIFICATION ACTION

NEW VICE 1 A 1 B 1 C 1 D 1 E 1 F 1 G 1 H 1 I 1 J 1 K 1 L 1 M 1 N 1 O 1 P 1 Q 1 R 1 S 1 T 1 U 1 V 1 W 1 X 1 Y 1 Z

SD/IR

16. APPROPRIATION

FROM 7-5709-20

TO 7-5709-20

17. SUBMIT TO C.S.
RETHINKING ACT
(113-80)

18. DATE OF APPOINTMENT
PART AFFIDAVIT
(113-80)

19. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED

STATE:

20. STANDARD FORM NO. 10-10-1

POSTED

11 1957

21. CLEARANCES

INITIAL OF SIGNATURE

DATE

REMARKS

A

B. C.R. OR P.S. CONTROL

C. CLASSIFICATION

D. PLACEMENT OF 1954

E. APPROVED BY

11 1957

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1954-170090

| 1. Agency and organizational designation | | 2. Period: period | | 3. Book No. | | 4. Slip No. | |
|--|--|---------------------|---------------------|---|-------------|-----------------|---------|
| Employee's name (and social security account number when appropriate) | | 5. Grade and salary | | 6-5709-20 | | | |
| VCK, JEROME | | GS-7 \$4525 | | | | | |
| PAYROLL CHANGE DATA | | | | | | | |
| | BASE PAY | OVERTIME | GROSS PAY | RET. | FEDERAL TAX | BOND | NET PAY |
| 7. Previous normal | | | | | | | |
| 8. New normal | | | | | | | |
| 9. Pay this period | | | | | | | |
| 10. Remarks | | | | 11. Approved by | | 12. Prepared by | |
| | | | | CPR 21 | | Sjp 23 APR 56 | |
| | | | | | | 13. Audited by | |
| <input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase | | | | | | | |
| 14. Effective date | 15. Date last equivalent increase received | 16. Old salary rate | 17. New salary rate | 18. Signature of official certifying that the above information is true and correct
ARE SATISFACTORY | | | |
| JUN 56 | 15 JUNE 55 | \$4525 | \$4660 | (Check appropriate box in case of leave (LWOP)
19. LWOP data (fill in appropriate spaces covering LWOP during following periods)
<input type="checkbox"/> No excess LWOP. Total excess LWOP | | | |
| STANDARD FORM NO. 1126a—Revised
Form prescribed by Comp. Gen. U. S.
October 20, 1954, General Regulations No. 102 | | | | | | | |

CONFIDENTIAL PAYROLL CHANGE SLIP—PERSONNEL COPY

CENTRAL INTELLIGENCE AGENCY I.C. 27 May 1955
SR-9291-1 CB

NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|--|--|--|---|--------------|
| 1. NAME (MR., MISS, MRS., OR) GIVEN NAME, INITIALS, AND SURNAME | | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
| MR. JACOB FOX | | | | 15 June 1955 |
| This is to notify you of the following action affecting your employment: | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | |
| RECEIVED APPOINTMENT | | 15 June 1955 | 50 USCA 403.1 | |
| FROM | | TO | | |
| 8. POSITION TITLE | | Ident. Specialist P 925.99 | | |
| 9. SERVICE, SERIES, GRADE, SALARY | | 05-1390.06-7 \$425.00 per annum | | |
| 10. ORGANIZATIONAL DESIGNATIONS | | DDI/Office of Research and Reports
Office of Chief, | | |
| 11. HEADQUARTERS | | Washington, D.C. | | |
| 12. FIELD OR DEPT'L | | FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> | | |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | |
| 13A. QUAL. 13B. BIRTH 13C. OTHER 13D. V. P. 13E. P. 13F. OTHER
13G. 13H. 13I. 13J. 13K. 13L. 13M. 13N. 13O. 13P. 13Q. 13R. 13S. 13T. 13U. 13V. 13W. 13X. 13Y. 13Z. | | 14A. DEPT. 14B. VICE 14C. S. A. 14D. RIAL
14E. 14F. 14G. 14H. 14I. 14J. 14K. 14L. 14M. 14N. 14O. 14P. 14Q. 14R. 14S. 14T. 14U. 14V. 14W. 14X. 14Y. 14Z. | | |
| 15. 16. 17. APPROPRIATION | | 18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) | | |
| M. E. TO: 5-5700-20 | | Yes | | |
| 19. DATE OF APPOINTMENT AFFIDAVIT (SUCCESSORS ONLY) | | 20. LEGAL RESIDENCE | | |
| 15 June 1955 | | 20A. CLAIMED <input type="checkbox"/> 20B. PROVED <input type="checkbox"/>
STATE: New York | | |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. | | | | |
| Subject to the satisfactory completion of a trial period of one year and a medical examination. | | | | |
| R3-69 | | | | |
| R3-69
06/15/55
06/15/55
06/15/55 | | | | |
| POSTED
27 JUN 1955 | | | | |

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|--|--|--|---|--------------------------------|
| 1. NAME (Last - First - Middle Initial - Suffix) AND SURNAME
MR. JEROME P. F. | | 2. DATE OF BIRTH
1179A | 3. JOURNAL OR ACTION NO. | 4. DATE
26 June 1976 |
| This is to notify you of the following action affecting your employment: | | | | |
| 5. NATURE OF ACTION (See Standard Classification)
PROMOTION | | 6. EFFECTIVE DATE
1 July 1976 | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
50 U.S.C. 403 | |
| FROM
P-25.99
03-1390.06-7 \$4660.00 per annum | | TO
Identification Specialist P-25.99
03-1390.06-9 \$5440.00 per annum | | |
| 8. POSITION TITLE
131630 | | 9. SERVICE STRIP
DDI/Office of Research and Reports
Office of Chief,
Washington, D. C. | | |
| 10. ORGANIZATIONAL DESIGNATION
131630 | | 11. HEADQUARTERS
2 | | |
| 12. FIELD OR DEPT.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL | | 13. VETERAN'S PREFERENCE
<input type="checkbox"/> NONE <input checked="" type="checkbox"/> 10 POINT | | |
| 14. POSITION CLASSIFICATION ACTION
SD-IR | | 15. DATE OF APPOINTMENT AFFIDAVIT
7-579-80 | | |
| 16. LEGAL RESIDENCE
<input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED
STATE: MD | | 17. REMARKS
200 06/25/76 | | |

POSTED
6/25/76

CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

| | | | | | |
|--|--|---------------------------|---|-------------------|------------|
| 1. EMPLOYEE NUMBER
017974 | 2. NAME (last, first, middle)
Fox, Jerome | 3. DATE OF BIRTH
M | 4. SEX
M | 5. GRADE
GS-13 | 6. SD
D |
| 7. OFFICIAL POSITION TITLE
Ops Officer | 8. OFF/DIV/BR OF ASSIGNMENT
DDO/EA | 9. CURRENT STATION
Hqs | 10. CODE (if any)
HQS | 11. OF | |
| 11. TYPE OF APPOINTMENT
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER (how) <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL | | | 12. TYPE OF REPORT
<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL | | |
| 13. REPORTING PERIOD (from-to)
Feb Jul 1974 | | | 14. DATE REPORT DUE IN O.P.
supervisor | | |

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

| | |
|------------------|---|
| U-Unsatisfactory | Performance is unsatisfactory. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. |
| M-Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial action taken or recommended should be described. |
| P-Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. |
| S-Strong | Performance is characterized by exceptional proficiency. |
| O-Outstanding | Performance is exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| SPECIFIC DUTY NO. 1 | RATING LETTER |
|---|---------------|
| See Section C | |
| SPECIFIC DUTY NO. 2 | RATING LETTER |
| SPECIFIC DUTY NO. 3 | RATING LETTER |
| SPECIFIC DUTY NO. 4 | RATING LETTER |
| SPECIFIC DUTY NO. 5 | RATING LETTER |
| SPECIFIC DUTY NO. 6 | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | |
| <p>Place one overall rating which best describes the employee's performance during the rating period. The rating should be based on a comparison of the employee's performance with the performance of others doing similar work as to warrant special recognition.</p> | |
| RATING LETTER | |

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

It is neither feasible nor desirable to attempt an evaluation of Mr. Fox's performance as an operations officer based on the relatively short period (5 months) he has been assigned to the [redacted]. Throughout this time he has been faced by a series of [redacted] which have understandably pre-occupied him. His [redacted] which causes him almost [redacted] has led him to apply [redacted] a decision on his application is pending. He has also had to undergo a series of [redacted] which required a great deal of time and attention. Under the circumstances no specific duties and letter grades are being listed in Section B above.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

5

IF THIS REPORT HAS NOT BEEN GIVEN TO EMPLOYEE, GIVE EXPLANATION

DATE

15 July 1974

OFFICIAL TITLE OF SUPERVISOR

Chief, EA/ [redacted]

TYPED OR PRINTED NAME AND SIGNATURE

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

15 July 1974

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

EA/FA [redacted]

TYPED OR PRINTED NAME AND SIGNATURE

4. BY EMPLOYEE

EMPLOYEE'S STATE: DATE WHEN THIS REPORT WAS GIVEN TO EMPLOYEE

DATE

15 July 1974

SIGNATURE

CLASSIFICATION

SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the [redacted] Station in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:

[redacted]

Fox, Jerome

[redacted]

R. L. Austin, Jr.

R. L. Austin, Jr.
Recorder

Honor and Merit Awards Board

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

CONFIDENTIAL

| FITNESS REPORT | | | | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. | | | |
|--|--------------------------------------|------------------------------------|--|--|-----------------------------------|--|----------------------------------|
| SECTION A. GENERAL INFORMATION | | | | | | | |
| 1. EMPLOYEE NUMBER | | 2. NAME (last, first, middle) | | 3. DATE OF BIRTH | | 4. SEX | 5. GRADE |
| 0 17974 | | Fox, Jerome (nmi) | | | | M | GS-13 D |
| 7. OFFICIAL POSITION TITLE | | | | 8. OFF/DIV/BR OF ASSIGNMENT | | 9. CURRENT STATION | |
| Ops Officer | | | | FE | | | |
| 10. TYPE OF APPOINTMENT | | | | 11. TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> PROVISIONAL | <input type="checkbox"/> RESERVE | <input checked="" type="checkbox"/> ANNUAL | <input type="checkbox"/> 31-MONTH | <input type="checkbox"/> 30-MONTH | <input checked="" type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL |
| <input type="checkbox"/> CONTRACT | <input type="checkbox"/> SPECIAL | <input type="checkbox"/> TEMPORARY | 12. REPORTING PERIOD (From-to) | | 13. DATE REPORT DUE IN O.P. | | |
| | | | 30 Nov 72-31 July 73 | | 30 September 1973 | | |
| SECTION B. PERFORMANCE EVALUATION | | | | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | | | |
| SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | | RATING LETTER | |
| Serves as Station referent for MILABYSS matters. | | | | | | P | |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER | |
| Spot, develop, assess and recruit [redacted] | | | | | | P | |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER | |
| Spot, develop, assess and recruit agents to obtain [redacted] | | | | | | S | |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER | |
| Handle on-going cases: tighten operational security, increase production, strengthen agent motivation. | | | | | | P | |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER | |
| Serves as official Station [redacted] contact on PBRAMPART affairs. | | | | | | P | |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER | |
| Prepare reports, correspondence and other management/administrative requirements. | | | | | | P | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, production, conduct, etc. Consideration should be given to his ability to supervise (indicate number of employees supervised) and his overall performance during the rating period. Place the letter in the rating box corresponding to the statement which most nearly reflects his level of performance. | | | | | | RATING LETTER | |
| | | | | | | P | |

CONFIDENTIAL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 21 August 1973 | /S/ Jerome Fox | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 21 August 1973 | DCOS | |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 5 September 1973 | COS | /S/ George T. Kalaria |

CONFIDENTIAL

CONFIDENTIAL

Section C. Narrative Comments (Continued)

| |
|--|
| |
|--|

CONFIDENTIAL

1000

Reviewing Comments
(Continued)

CONFIDENTIAL



CONFIDENTIAL

21

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|--|--|---|------------------------|---------------|
| SECTION A | | | | 017974 | |
| GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
| Fox, Jerome | | | | M | GS-13 |
| 5. OFFICIAL POSITION TITLE | | | 6. OFF/DIV/BR OF ASSIGNMENT | | |
| Ops Officer | | | DDP/FE/ | | |
| 7. CHECK (X) TYPE OF APPOINTMENT | | | 8. CHECK (X) TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER
<input type="checkbox"/> RESERVE
<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)
<input type="checkbox"/> SPECIAL (Specify): | | | <input checked="" type="checkbox"/> INITIAL
<input type="checkbox"/> ANNUAL
<input type="checkbox"/> SPECIAL (Specify): | | |
| 9. DATE REPORT DUE IN O.P. | | | 10. REPORTING PERIOD (From - to) | | |
| | | | 30 November 1971-30 November 1972 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter, which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| Serve as the Station referent for MHABYSS matters. | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | RATING LETTER |
| Serve as the Station referent for Communist matters. | | | | | S |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| Spot, develop, assess and recruit [redacted] | | | | | P |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| Spot, develop, assess and recruit agents to obtain intelligence [redacted] the Communist parties (particularly the [redacted] and their main front organizations. | | | | | P |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| Handle on-going cases: tighten operational security, increase production, strengthen agent motivations, handle ad hoc operational cases. | | | | | P |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| Prepare reports, correspondence and other management/administrative requirements. | | | | | P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits of habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER |
| | | | | | P |

SECRET

(When Filled In)

| SECTION C | NARRATIVE COMMENTS |
|---|--------------------|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> | |

| SECTION D | | | CERTIFICATION AND COMMENTS | |
|--|---|-------------------------------------|----------------------------|--|
| 1. BY EMPLOYEE | | | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | | | |
| DATE | SIGNATURE OF EMPLOYEE | | | |
| 24 November 1972 | /s/ Jerome Fox | | | |
| 2. BY SUPERVISOR | | | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | | |
| 24 November 1972 | Deputy Chief of Station | /s/ [Redacted] | | |
| 3. BY REVIEWING OFFICIAL | | | | |
| [Redacted] | | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | | |
| 24 November 1972 | Chief of Station | /s/ George T. Kalaris | | |

SECRET

S E C R E T

SECTION C - Narrative Comments (continued)



~~S-E-C-R-E-T~~

SECRET

SECTION D - Comments of Reviewing Official (continued)



SECRET

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|--|--|--|------------------------|----------------|
| | | | | 017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE 5. SD |
| Fox, Jerome | | | | M | 09-13 D |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/SP OF ASSIGNMENT 8. CURRENT STATION | | |
| Ops. Officer | | | DDP/FE | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| XX CAREER RESERVE TEMPORARY | | | INITIAL | | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | XX ANNUAL | | |
| SPECIAL (Specify) | | | SPECIAL (Specify) | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| 28 February 1972 | | | 1 August 1971 - 31 December 1971 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | RATING LETTER |
| Serve as the Station referent for communist matters. | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | RATING LETTER |
| Spot, develop, assess and recruit [redacted] | | | | | P |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| Spot, develop, assess and recruit agents to obtain intelligence from the [redacted] (particularly the [redacted]) and their main front organizations. | | | | | P |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| Handle on-going cases, tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases. | | | | | S |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| Prepare reports, correspondence, and other management/administrative requirements. | | | | | P |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| Prepare media placement articles and themes. | | | | | P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | P |

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 6 16 24 1971

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

29 November 1971

SIGNATURE OF EMPLOYEE

/s/ Jerome Fox

2.

BY SUPERVISOR

MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

29 November 1971

OFFICIAL TITLE OF SUPERVISOR

COS

TYPED OR PRINTED NAME AND SIGNATURE

/s/ George Kalaris

3.

BY REVIEWING OFFICIAL

COMMENT OF REVIEWING OFFICIAL

DATE

02 DEC 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

CFC

TYPED OR PRINTED NAME AND SIGNATURE

Ralph J. Katroch

SECRET

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|--|--|--|------------------------|--------------------|
| | | | | 017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE 5. SD |
| Fox, Jerome | | | | M | GS-13 D |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OR ASSIGNMENT 8. CURRENT STATION | | |
| Ops Officer | | | DDP/FE/ | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER
<input type="checkbox"/> RESERVE
<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) | | | <input type="checkbox"/> INITIAL
<input type="checkbox"/> ANNUAL
<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> REASSIGNMENT EMPLOYEE | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From to) | | |
| | | | 1 January 1971 - 30 July 1971 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1
Serve as the Station Referent for Communist Matters. | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 2
Spot, develop, assess, and recruit agents to obtain intelligence the () and their main front organizations. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 3
Handle on-going cases: tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases. | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 4
Spot, develop, assess, and recruit () | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 5
Prepare reports, correspondence, and other management/administrative requirements. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 6
Prepare media placement articles and themes. | | | | | RATING LETTER
P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal habits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER
S |

SECRET

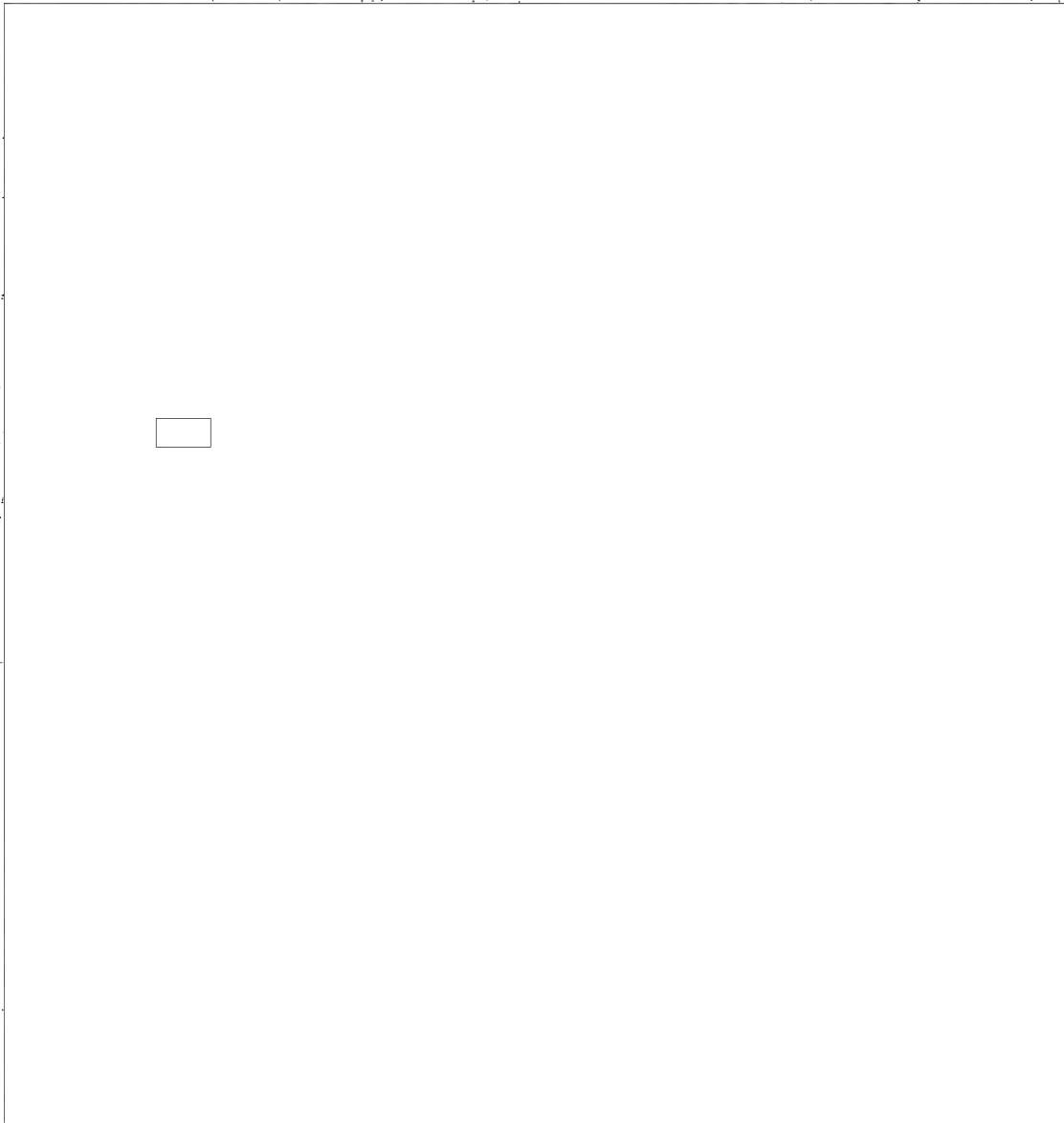
(When Filled In)

| SECTION C | | NARRATIVE COMMENTS | |
|---|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B as provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> | | | |
| | | | |
| (Continued) | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | |
| 1. BY EMPLOYEE | | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | | |
| DATE | SIGNATURE OF EMPLOYEE | | |
| 31 July 1971 | /s/ Jerome Fox | | |
| 2. BY SUPERVISOR | | | |
| MONTHS EMPLOYEES HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | |
| | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | |
| 31 July 1971 | Deputy Chief of Station | /s/ [Redacted] | |
| 3. BY REVIEWING OFFICIAL | | | |
| COMMENTS OF REVIEWING OFFICIAL | | | |
| | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | |
| 6 August 1971 | Chief of Station | /s/ George T. Kalantz | |

SECRET

SECRET


NARRATIVE (Continued)



SECRET

SECRET

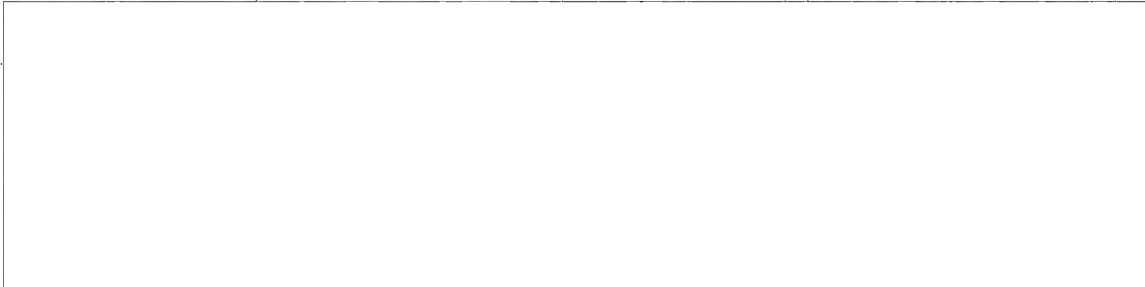
NARRATIVE (Continued)



SECRET

S E C R E T

REVIEWING COMMENTS (continued)



ML

S E C R E T

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|------------------------------|---|------------------------|--------------------|
| | | | | 017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE |
| Fox, Jerome (nm) | | | | M | GS-13 D |
| 5. OFFICIAL POSITION TITLE | | 7. OFF. DIV. OR ASS. STATION | | 8. CURRENT STATION | |
| Ops. Officer | | DDP/FA | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR | | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) | | | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE | | |
| SPECIAL (Specify) | | | SPECIAL (Specify) | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | |
| 28 February 1971 | | | 1 May 1970 to 31 December 1970 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Profitant Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | |
| SPECIFIC DUTY NO. 1: Station Communist Movement (CM) Officer responsible for rating functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970). | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 2: Serve as the Station Referent for Communist Matters (August - 30 December 1970). | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 3: Spot, develop, assess, and recruit agents to obtain intelligence from () and their main front organizations. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 4: Handle on-going cases: tighten operational security, increase production, strengthen agent motivation, and handle ad hoc operational cases. | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 5: Spot, develop, assess, and recruit () | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 6: Prepare reports, correspondence, and other management/administrative requirements. | | | | | RATING LETTER
P |
| OVERALL PERFORMANCE IN CURRENT POSITION 9-158-1971 | | | | | |
| <p>Take into account everything about the employee which influences his effectiveness in his present position such as past experience of specific duties, productivity, knowledge on job, education/training, pertinent personal traits or habits, and particular limitations or defects. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> | | | | | RATING LETTER
S |

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

12 February 1971

SIGNATURE OF EMPLOYEE

/s/ Jerome Fox

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

17 February 1971

OFFICIAL TITLE OF SUPERVISOR

DCG3

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

DATE

17 February 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

S3

TYPED OR PRINTED NAME AND SIGNATURE

/s/ George T. Kalaris

SECRET

SECRET

NARRATIVE (con'td)



SECRET

SECRET

NARRATIVE (CON'TD)



SECRET

S E C R E T

NARRATIVE (CON'TD)



S E C R E T

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL-NUMBER

017974

SECTION A

GENERAL

| GENERAL | | | | | | | | | | |
|--|--|--|------------------|--|--|--|----------|--|-------|-----------------------|
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | | 3. SEX | | 4. GRADE | | 5. SD | |
| Fox, Jerome (nm1) | | | | | M | | GS-13 | | D | |
| 6. OFFICIAL POSITION TITLE | | | | | 7. OFF DIV BR OF ASSIGNMENT | | | | | 8. CURRENT STATION |
| Ops Officer | | | | | DDP/FE/ | | | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | | | 10. CHECK (X) TYPE OF REPORT | | | | | |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | | | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR | | | | | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | | ANNUAL | | | | | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify) | | | | | SPECIAL (Specify) | | | | | |
| 11. DATE REPORT DUE IN O.P. | | | | | 12. REPORTING PERIOD (From - to) | | | | | |
| 28 February 1970 | | | | | 1 January 1970 - 30 April 1970 | | | | | |

SECTION B

PERFORMANCE EVALUATION

- | | |
|--------------------------------|--|
| <u>U-Unsatisfactory</u> | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Desired action taken or proposed in Section C. |
| <u>M-Marginal</u> | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. |
| <u>P-Proficient</u> | Performance is satisfactory. Desired results are being produced in the manner expected. |
| <u>S-Strong</u> | Performance is characterized by exceptional proficiency. |
| <u>O-Outstanding</u> | Performance is to exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| | | |
|--|--|------------------------|
| SPECIFIC DUTY NO. 1 | Station communist movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central sub-
ject files pertinent to program targets. | RATING LETTER

S |
| SPECIFIC DUTY NO. 2 | Case officer for operations and the conduct of relationships including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's | RATING LETTER

S |
| SPECIFIC DUTY NO. 3 | Unilateral case officer for selected agents/operations targeted against CM and CM-related objectives and for the development of new unilateral assets under the CM program, including operations. | RATING LETTER

S |
| SPECIFIC DUTY NO. 4 | The collation and preparation of raw intelligence data from primarily, but including Station-wide unilateral sources as feasible, into draft field information reports | RATING LETTER

S |
| SPECIFIC DUTY NO. 5 | Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative. | RATING LETTER

P |
| SPECIFIC DUTY NO. 6 | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | 17 JUN 68 |
| This area covers everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | RATING LETTER

S |

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 16 3 10 PM '70

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

8 May 1970

SIGNATURE OF EMPLOYEE

/s/ Jerome Fox

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

8 May 1970

OFFICIAL TITLE OF SUPERVISOR

Opn Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

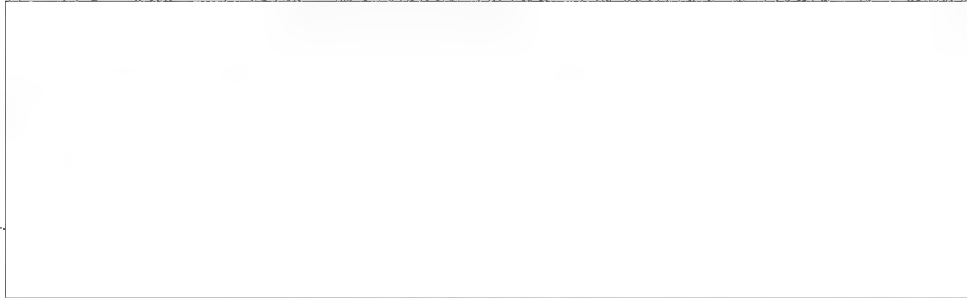
22 May 1970

DCOS

/s/

SECRET

COMMENTS OF REVIEWING OFFICIAL



SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|--|--|--------|------------------------|--------------------|
| | | | | 017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | 3. SEA | 4. GRADE | 5. DO |
| Fox, Jerome (nmf) | | | M | GS-13 | D |
| 6. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR/OP ASSIGNMENT | | | |
| Operations Officer | | DDP/FE/ | | | |
| 8. CHECK (X) TYPE OF APPOINTMENT | | 10. CHECK (X) TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> CAREER
<input type="checkbox"/> RESERVE
<input type="checkbox"/> TEMPORARY | | <input type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> ANNUAL
<input type="checkbox"/> SPECIAL (Specify) | | | |
| 9. CAREER-PROVISIONAL (See Instructions - Section C) | | 11. REPORTING PERIOD (From - To) | | | |
| SPECIAL (Specify) | | 20 May 1969 - 31 December 1969 | | | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From - To) | | | |
| 21 February 1970 | | | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 Station MPWATCH officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets. | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted] | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against MPWATCH and MPWATCH-related objectives and for the development of new unilateral assets under the MPWATCH program, including [redacted] operations. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports. | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 5 The preparation and organization of finished field intelligence reports, operational cables, teletypes, dispatches and related correspondence on MPWATCH and other [redacted] operational matters. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 6 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative. | | | | | RATING LETTER
S |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER
S |

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and own consciousness in the use of personnel, assets, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

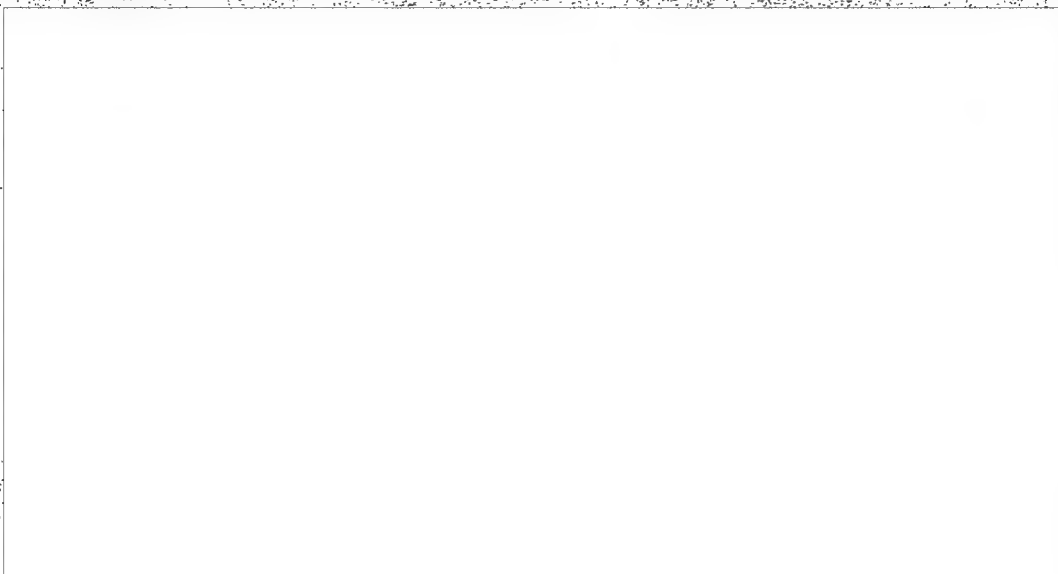
SECTION D CERTIFICATION AND COMMENTS

| | | |
|---|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT. | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 26 February 1970 | /s/ Jerome Fox | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 26 February 1970 | Ops Officer | /s/ [] |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| [] | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 26 February 1970 | DCOS | /s/ [] |

SECRET

SECRET

SECTION C - /continued --/



SECRET

SECRET

Reviewing Comments (continued)

| |
|--|
| |
|--|

SECRET

SECRET
(When Filled In)

| | | | | | |
|---|--|--|---|---|---|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER
017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle)
Fox, Jerome | | | 2. DATE OF BIRTH | 3. SER.
M | 4. GRADE
GS-13 |
| | | | | | 5. SO
D |
| 6. OFFICIAL POSITION TITLE
Operations Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT
DDP/FE | | 8. CURRENT STATION
Headquarters |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR | | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) | | | <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE | | |
| <input type="checkbox"/> SPECIAL (Specify): | | | <input type="checkbox"/> SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to)
1 January 1969 - 10 May 1969 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 1
Acting Chief of the [] Desk | | | | | S |
| SPECIFIC DUTY NO. 2
Headquarters case officer for a variety of [] CA and FI operations | | | | | S |
| SPECIFIC DUTY NO. 3
Contact of [] unilateral assets in the U.S. | | | | | S |
| SPECIFIC DUTY NO. 4
Preparation and coordination of correspondence, studies, etc., in connection with Desk activities | | | | | P |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | S |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE

28 April 1969

SIGNATURE OF EMPLOYEE

John J. [Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

28/4/69

OFFICIAL TITLE OF SUPERVISOR

ADC/FE

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

29 APR 1969

OFFICIAL TITLE OF REVIEWING OFFICIAL

AC/FE

SECRET

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|---|--|-------------------------|--|
| | | | | 017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | |
| Fox, Jerome | | | | M | |
| 4. OFFICIAL POSITION TITLE | | 5. OFF/DIV BR OF ASSIGNMENT | | 6. GRADE | |
| Operations Officer | | DDP/FE | | GS-13 D | |
| 7. CHECK (X) TYPE OF APPOINTMENT | | 8. CHECK (X) TYPE OF REPORT | | 9. CURRENT STATION | |
| <input checked="" type="checkbox"/> CAREER
<input type="checkbox"/> RESERVE
<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C)
<input type="checkbox"/> SPECIAL (Specify): | | <input checked="" type="checkbox"/> INITIAL
<input type="checkbox"/> ANNUAL
<input type="checkbox"/> SPECIAL (Specify): | | REASSIGNMENT SUPERVISOR | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD (From - To) | | REASSIGNMENT EMPLOYEE | |
| 31 January 1969 | | 1 January 1968 - 31 December 1968 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1 | | | | RATING LETTER | |
| Hqs desk officer for a variety of operations. DC10 D-2 CA & FI | | | | S | |
| SPECIFIC DUTY NO. 2 | | | | RATING LETTER | |
| Contact of potential unilateral assets in connection with operations. 125-1 | | | | S | |
| SPECIFIC DUTY NO. 3 | | | | RATING LETTER | |
| Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities. | | | | P | |
| SPECIFIC DUTY NO. 4 | | | | RATING LETTER | |
| SPECIFIC DUTY NO. 5 | | | | RATING LETTER | |
| SPECIFIC DUTY NO. 6 | | | | RATING LETTER | |
| 125-1 100. CK | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION: | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | RATING LETTER | |
| | | | | S | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Monet of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT. | | |
| DATE
30 Dec 1968 | SIGNATURE OF EMPLOYEE
Jerome Fox <i>Jerome Fox</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE | OFFICIAL TITLE OF SUPERVISOR
CFE | TYPED OR PRINTED NAME AND SIGNATURE |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | |
| DATE
2 January 1969 | OFFICIAL TITLE OF REVIEWING OFFICIAL
DC/FE | SIGNATURE |

SECRET

SECRET

TRAINING REPORT

NAME OF TRAINEE: Fox, Jerome

COURSE: CI Operations

DOB: [REDACTED]

HOURS: 80

OFFICE: FE SD:D

DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

To provide the Clandestine Services Officer who will be responsible for counterintelligence operational planning and implementation with current counterintelligence operational concepts, techniques, and tactics; to describe the current field organization, functions, techniques, and tactics of selected intelligence and security services; to increase his proficiency in the planning, management, and implementation of counterintelligence operations, and to acquaint him with Headquarters organization and support for operations against selected counterintelligence targets.

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT

Adjectival Rating

- | | |
|--|-----------|
| 1. Demonstration of understanding of course concepts and materials. | Excellent |
| 2. Participation in class discussions. | Excellent |
| 3. Imaginative and practical application of operational principles to case studies and problems. | Good |
| 4. Industriousness. | Excellent |

COMMENT: Mr. Fox was a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN 1969

Date

George G. Kisevalter
Chief Instructor

SECRET

SECRET
(When Filled In)

| | | | | | |
|--|--|--|--|---|-------------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER
017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle)
FOX, JEROME | | | 2. DATE OF BIRTH
M | 3. GRADE
GS-12 | 4. SD
D |
| 5. OFFICIAL POSITION TITLE
Operations Officer | | | 7. OFF/DIV/DR OF ASSIGNMENT
DDP/FE | 8. CURRENT STATION
Headquarters | |
| 9. CHECK (X) TYPE OF APPOINTMENT
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | 10. CHECK (X) TYPE OF REPORT
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR | | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) | | | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE | | |
| <input type="checkbox"/> SPECIAL (Specify) | | | <input type="checkbox"/> SPECIAL (Specify) | | |
| 11. DATE REPORT DUE IN G.P. | | | 12. REPORTING PERIOD (From - to)
7 April 1967 - 31 December 1967 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 1
Headquarters Desk Officer for several operational activities. | | | | | S |
| SPECIFIC DUTY NO. 2
Study and Familiarization of the situation in preparation to an assignment in that country. | | | | | S |
| SPECIFIC DUTY NO. 3
Contacts various operating units and staffs in the furtherance of operational assignments. | | | | | S |
| SPECIFIC DUTY NO. 4
Prepares operational correspondence to the field in connection with his assigned responsibilities. | | | | | P |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | S |

SECRET

(When Filled In)

| | |
|---|---------------------------|
| SECTION C | NARRATIVE COMMENTS |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be indicated on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> | |
| <p>Dec 29 3 52 PM '67</p> | |

| | | | | | |
|--|--|---|-----------------------------------|-------------------------------------|--|
| SECTION D | | | CERTIFICATION AND COMMENTS | | |
| 1. BY EMPLOYEE | | | | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | | | | |
| DATE | | SIGNATURE OF EMPLOYEE | | | |
| 10 December 1967 | | <i>[Signature]</i> | | | |
| 2. BY SUPERVISOR | | | | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | | |
| 5 months | | | | | |
| DATE | | OFFICIAL TITLE OF SUPERVISOR | | TYPED OR PRINTED NAME AND SIGNATURE | |
| 14/12/67 | | CFE | | | |
| 3. BY REVIEWING OFFICIAL | | | | | |
| | | | | | |
| | | | | | |
| DATE | | OFFICIAL TITLE OF REVIEWING OFFICIAL | | TYPED OR PRINTED NAME AND SIGNATURE | |
| 22 December 1967 | | DCFE/ | | | |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | |
|--|--|--|--|------------------------|----------|---------------|
| | | | | 017974 | | |
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. ID |
| Fox Jerome | | | | M | GS-12 | D |
| 6. OFFICIAL POSITION/TITLE | | | 7. OFF. USE OR OF ASSIGNMENT & CURRENT STATION | | | |
| Operations Officer | | | FEI Hqs | | | |
| 8. CHECK (X) TYPE OF APPOINTMENT | | | 9. CHECK (X) TYPE OF REPORT | | | |
| CAREER RESERVE TEMPORARY | | | INITIAL REASSIGNMENT SUPERVISOR | | | |
| CAREER PROVISIONAL (See Instructions - Section C) | | | ANNUAL REASSIGNMENT EMPLOYEE | | | |
| SPECIAL (Specify) | | | SPECIAL (Specify) | | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | | |
| | | | 1 January - 7 April 1967 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Specific action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is actually satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | | |
| SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 1
Serves as Headquarters Desk case officer for certain operational activities as assigned to him. 12/0 | | | | | | S |
| SPECIFIC DUTY NO. 2
Serves as primary referent on the [] for operations involving communist and other left-wing matters 12/4 | | | | | | S |
| SPECIFIC DUTY NO. 3
Performs operational research functions on [] communist and left-wing activities 12/3 | | | | | | S |
| SPECIFIC DUTY NO. 4
Prepares operational correspondence to the field in connection with his assigned responsibilities | | | | | | P |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER |
| 13 JUN 1967 | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal merits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | S |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SPEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 25 May 1967 | <i>[Signature]</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| Three | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | T |
| 25 May 1967 | Acting Chief, FE/ | |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 23 May 1967 | Deputy Chief, FE/ | |

SECRET

SECRET

FITNESS REPORT - JEROME FOX

25 May 1967

SECTION C, NARRATIVE COMMENTS (Continued)



SECRET

SECRET
(When Filled In)

| | | | | | |
|---|--|--|--|---|-------------------------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER
017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle)
Fox, Jerome | | | 2. GRADE
M | 3. SER.
12 | 4. SD
D |
| 5. OFFICIAL POSITION/TITLE
Ops Officer | | | 7. OFF/DIV/BR OR ASSIGNMENT
DDP/FE | | |
| 8. CHECK (X) TYPE OF APPOINTMENT
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)
<input type="checkbox"/> SPECIAL (Specify): | | | 9. CHECK (X) TYPE OF REPORT
<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE
<input type="checkbox"/> SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to)
October - December 1966 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1

See Section C | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 2 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 3 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6
<i>Jan 1967</i> | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER

P |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JAN 12 1967

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

15 December 1966

SIGNATURE OF EMPLOYEE

Jerome Fox

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

Oct - Dec 1966

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

15 Dec 1966

OFFICIAL TITLE OF SUPERVISOR

CFE/

EXPED OR PRINTED NAME

RE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE

20 December 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief, FE/

SIGNATURE

SECRET

S-E-C-R-E-T

TRAINING REPORT

Soviet Bloc Operations Course No. 4
80 hours, full time 18 - 19 March 1968

Student : FOI, Jerome Office : DDP/FE
Year of Birth: Service Designation: D
Grade : GS-12 No. of Students : 32
EOD Date : 1955

COURSE OBJECTIVES

To orient the student on the special nature of the
Clandestine Services' Soviet Bloc target and to train him
in the application of clandestine methods for collecting
information on, assessing, and preparing recruitment oper-
ations against Soviet Bloc personalities.

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is
made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:


Instructor, OTR

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

[] FAMILIARIZATION NO. 34
(40 hours, full-time)

26 February - 1 March 1968

Name : Fox, Jerome

No. of Students: 17

Office : FE

ED : D

Year of Birth: []

Grade : GS-12

BOB Date : June 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The course is designed for Agency personnel requiring a sound basic understanding of contemporary [] and some acquaintance with the fundamentals of the [] language. The aim is familiarization, no specialization. The course focuses on []. The language familiarization phase includes pronunciation of [], an introduction to the most widely accepted system of dictionary recording of [] and the telegraphic code. The area phase includes: cultural and historical development, geography and resources, economic development and problems, the political system, social change and control in contemporary [] and foreign relations.

ACHIEVEMENT RECORD

The above named student actively participated in the [] Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was satisfactory .

FOR THE DIRECTOR OF TRAINING:

[]
Chief Instructor

5 March 1968
Date

GROUP 1
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

SECRET

TRAINING REPORT

Operations Course No. 1-68
40 hours, full time 4 - 8 March 1968

Student : Fox, Jerome

Office : FE

Year of Birth: []

Service Designation: D

Grade : GS-12

No. of Students : 25

EOD Date : June 1955

COURSE OBJECTIVE

To prepare Clandestine Services officers to conduct operations against [] from the point of view of Human Source Collection; to present material directed toward the updating of officers in the operational realities inside and outside [] today; and specifically to train officers in providing political, political-military, advanced weapons and other coverage of the priority [] target which cannot be obtained by technical means.

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

[]
Chief Instructor

MAR 1968

Date

SECRET

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 68

80 hours, full time 5 - 16 February 1968

Participant : Jerome Fox

Office

IFE

Year of Birth:

Service Designation:

Grade : GS-12

No. of Students : 18

EOD Date : 1955

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

20 FEB 1968

Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 2 - 68
L20 Hours, full time - 20 February 1968

| | | | |
|----------------|-------------|----------------------|-----|
| Student : | FOX, Jerome | Office : | VE/ |
| Year of Birth: | | Service Designation: | D |
| Grade : | OS-12 | No. of Students : | 5 |
| EOD Date : | 1955 | | |

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

| | | | | |
|-------------|-----------------|-------------------|---------------|--------------------|
| <u>Weak</u> | <u>Adequate</u> | <u>Proficient</u> | <u>Strong</u> | <u>Outstanding</u> |
|-------------|-----------------|-------------------|---------------|--------------------|

COMMENT: The quality of Mr. Fox's work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

| | | | | |
|-------------|-----------------|-------------------|---------------|--------------------|
| <u>Weak</u> | <u>Adequate</u> | <u>Proficient</u> | <u>Strong</u> | <u>Outstanding</u> |
|-------------|-----------------|-------------------|---------------|--------------------|

COMMENT:

His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

Mr. Fox was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

Chief Instructor

1 FEB 1968
Date

S-E-C-R-E-T

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | |
|--|--|--|---|------------------------|--------------------|---------------|--|
| | | | | 017974 | | | |
| SECTION A | | | | GENERAL | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SO | |
| Fox, Jerome | | | | M | GS-12 | D | |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | | 8. CURRENT STATION | | |
| Ops Officer | | | DDP/EE/VHC | | Vietnam | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | | |
| <input type="checkbox"/> CAREER
<input type="checkbox"/> RESERVE
<input type="checkbox"/> TEMPORARY | | | <input type="checkbox"/> INITIAL
<input type="checkbox"/> ANNUAL
<input checked="" type="checkbox"/> SPECIAL (Specify): | | | | |
| CAREER-PROVISIONAL (See instructions - Section C) | | | REASSIGNMENT SUPERVISOR | | | | |
| SPECIAL (Specify): | | | REASSIGNMENT EMPLOYEE | | | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | | | |
| | | | 1 January - 9 July 1966 | | | | |
| SECTION B | | | | | | | |
| PERFORMANCE EVALUATION | | | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | | | |
| SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | | RATING LETTER | |
| The initiation, development and management of a sensitive FI/CI operation. | | | | | | S | |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER | |
| The spotting, assessment, development, recruitment and management of unilateral FI agents. | | | | | | S | |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER | |
| Functions as a liaison officer with officials of the Vietnamese National Police. | | | | | | P | |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER | |
| The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties. | | | | | | A | |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER | |
| | | | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER | |
| | | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or infirmities. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | RATING LETTER | |
| | | | | | | S | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

[Large empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|---|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT. | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 8 July 1966 | Jerome Fox (s) | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 8 July 1966 | Ops Officer | [] (s) |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| I concur in the above. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 8 July 1966 | Chief of LB | [] (s) |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|--|--|--|--|-------------------------------------|---------------------------|
| SECTION A | | | | GENERAL | |
| 1. NAME (Last) (First) (Middle)
Fox, Jerone | | | 2. DATE OF BIRTH | 3. SEX
M | 4. GRADE
GS-12 |
| 5. OFFICIAL POSITION TITLE
Ops Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT
DDP/XX/ | 8. CURRENT STATION
Saigon | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)
<input type="checkbox"/> SPECIAL (Specify): | | | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE
<input type="checkbox"/> SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P.
Feb 66 | | | 12. REPORTING PERIOD (From - To)
29 December 1964 to 31 Dec 1965 | | |
| SECTION B | | | | | |
| PERFORMANCE EVALUATION | | | | | |
| W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.
S - Strong Performance is characterized by exceptional proficiency.
O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | |
| SPECIFIC DUTY NO. 1
Officer in charge of liaison with the Municipal Police
<div style="text-align: center; margin-top: 10px;">DES</div> | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 2
Officer in charge of liaison | | | | | RATING LETTER
S |
| SPECIFIC DUTY NO. 3
Officer in liaison with operational components of Headquarters, Special Branch | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 4
Handles all the correspondence, files and associated memoranda connected with the tasks cited above. | | | | | RATING LETTER
P |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER
P |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OFFICE OF PERSONNEL

FEB 15 10 43 AM '66

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE

1 Feb 66

SIGNATURE OF EMPLOYEE

/s/ Jerome Fox

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

1 Feb 66

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

I concur with the above.

DATE

1 Feb 66

OFFICIAL TITLE OF REVIEWING OFFICIAL

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

SECRET

SECRET
(When Filled In)

| TRAINING REPORT - LANGUAGE | | | | COURSE TITLE | | | |
|--|----------------|--------------|------------|----------------------|------|---------------|----|
| INSTRUCTOR | | | | PROGRAM | | | |
| NO. OF STUDENTS | | | | DATE OF COURSE | | | |
| 60 | | | | 05/04/64 - 07/20/64 | | | |
| STUDENT | | | | | | | |
| NAME | | YOB | EOD DATE | OFFICE | | GS | SD |
| FOX, Jerome | | 28 | 06/55 | FB | | 12 | D |
| (See reverse side for definitions of proficiency levels) | | | | | | | |
| LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING | | | | INSTRUCTORS ESTIMATE | | OFFICIAL TEST | |
| NO. OF STUDENTS | NO PROFICIENCY | SLIGHT | ELEMENTARY | INTERMEDIATE | HIGH | | |
| | READING | | X | | | | |
| | WRITING | | X | | | | |
| | PRONUNCIATION | | X | | | | |
| | SPEAKING | X | | | | | |
| | UNDERSTANDING | X | | | | | |
| LANGUAGE TRAINING OBJECTIVES AND METHODS | | | | | | | |
| <p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p> | | | | | | | |
| PERFORMANCE EVALUATION | | | | | | | |
| UNSATISFACTORY | | SATISFACTORY | | EXCELLENT | | | |
| ACHIEVEMENT | | X | | | | | |
| ATTITUDE | | X | | | | | |
| ATTENDANCE | | X | | | | | |
| LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING | | | | INSTRUCTORS ESTIMATE | | OFFICIAL TEST | |
| NO. OF STUDENTS | NO PROFICIENCY | SLIGHT | ELEMENTARY | INTERMEDIATE | HIGH | | |
| | READING | | | X | | | |
| | WRITING | | | X | | | |
| | PRONUNCIATION | | | X | | | |
| | SPEAKING | | | X | | | |
| | UNDERSTANDING | | | X | | | |
| <p align="center">Foreign Language Aptitude Test: 6</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div> | | | | | | | |
| FOR THE DIRECTOR OF TRAINING: | | | | DATE | | | |
| | | | | 25 Mar 64 | | | |

1-20 2222

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(43)

SECRET

TRAINING REPORT

Covert Action Operations Course No. 63, 30 March to 17 April 1964
60 hours part time

Student : Fox, Jerome : Office : FE
Year of Birth: [] Service Designation: D
Grade : GS-12 No. of Students : 13
EOD Date : June 1955

STUDENT OBJECTIVES - CONTENT AND METHODS

The Covert Action Operations Course is an advanced seminar for senior and middle grade CS officers who will direct and conduct covert action operations in the field. It provides a conference setting in which experienced officers may discuss the full range of operational problems — from policy and strategy to tactics and techniques — with senior Agency officers, both those recently returned from field posts and those assigned to Headquarters for guidance and support of CA field operations.

The CAO course covers the origin and scope of CIA's covert action mission, [] tactical approaches to the direction of CA operations, political action, economic action, propaganda, paramilitary operations, special operations, the national counterinsurgency program, covert action in the [] counterintelligence problems in covert action, joint CI-CA programs, and current area case studies.

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING:

[]
Chief Instructor

22 April 1964
Date

Group I
Excluded from automatic
downgrading and
declassification

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|--|--|---|--------------------------|
| | | | | 017974 | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle)
FOX Jerome J. | | | 2. DATE OF BIRTH | 3. SEA
M | 4. GRADE
GS-12 |
| 5. OFFICIAL POSITION TITLE
Ops Officer | | | 6. OFF/DIV/BR OF ASSIGNMENT
DDP/EE/ | 7. CURRENT STATION
Headquarters | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) REPORT | | |
| <input type="checkbox"/> CAREER
<input type="checkbox"/> RESERVE
<input type="checkbox"/> TEMPORARY
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)
<input type="checkbox"/> SPECIAL (Specify) | | | <input checked="" type="checkbox"/> INITIAL
<input type="checkbox"/> ANNUAL
<input type="checkbox"/> SPECIAL (Specify) | | |
| 11. DATE REPORT DUE IN O.P.
January 1964 | | | 12. REPORT PERIOD (From - to)
April - 31 January 1964 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | |
| SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 1
Assembles available information on North Vietnam, and its diplomatic establishments abroad. | | | | | S |
| SPECIFIC DUTY NO. 2
Acts as ZRGRAIL officer for Vietnam Desk. | | | | | P |
| SPECIFIC DUTY NO. 3
Aids in giving operational support to denied areas ops program run by Saigon Station. | | | | | P |
| SPECIFIC DUTY NO. 4
Prepares periodic reports on progress of denied area ops program. | | | | | S |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | P |
| 17 MAR 1964 | | | | | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be applicable.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|--|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE
18 February 1964 | SIGNATURE OF EMPLOYEE
<i>E. J. [illegible]</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION
10 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE
18 February 1964 | OFFICIAL TITLE OF SUPERVISOR
Chief, FE/ [] | TYPED OR PRINTED NAME AND SIGNATURE
[] |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL
[] | | |
| DATE
9 March 1964 | OFFICIAL TITLE OF REVIEWING OFFICIAL
Chief, FE/ [] | TY [] |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | FILED SERIAL NUMBER
<i>Reg 017774</i> | | |
|---|--|--|--|--|--------------------------|----------------------------|
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle)
FOX, Jerome | | | 2. DATE OF BIRTH | 3. SEX
M | 4. GRADE
GS-12 | 5. SD
IR |
| 6. OFFICIAL POSITION TITLE
IO | | | 7. OFF. DIV. OR OF ASSIGNMENT: CURRENT STATION
DDP/FE | | | |
| 8. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | |
| <input type="checkbox"/> CAREER
<input type="checkbox"/> RESERVE
<input type="checkbox"/> TEMPORARY
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)
<input type="checkbox"/> SPECIAL (Specify) | | | <input type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> ANNUAL
<input type="checkbox"/> SPECIAL (Specify) | | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From To)
1 Jan 62 - 23 September 1962 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | | |
| SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 1 Monitors and coordinates with ODYOKE and allied armed services the [redacted] in North Asian area covering specifically [redacted] | | | | | | S |
| SPECIFIC DUTY NO. 2 Determines, initiates and directly participates in the exploitation of [redacted] in conjunction with KUDOVE and ODYOKE armed services. | | | | | | S |
| SPECIFIC DUTY NO. 3 Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel [redacted] in the identification, photographic and collection techniques applicable to the [redacted] | | | | | | S |
| SPECIFIC DUTY NO. 4 Maintains continuing & close official and personal working liaison with & support for commanders & officers of the various ODYOKE military intel collection units in [redacted] & with [redacted] KUDOVE elements, particularly the [redacted] Staff. | | | | | | A |
| SPECIFIC DUTY NO. 5 Responsible for preparation of collection intel & admin rpts & dispatches to KULYNX [redacted] on all matters pertaining to the [redacted] in this area of jurisdiction. | | | | | | A |
| SPECIFIC DUTY NO. 6 Assisted the Branch Chief in the handling of KULYNX requirements. | | | | | | P |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | RATING LETTER
P+ |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. Some suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|--|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE
4/23/63 | SIGNATURE OF EMPLOYEE
<i>Jerome Fox</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION
15 MONTHS | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION <i>FR shown to employee 4/23/63</i> | |
| DATE
19 Oct 1962 | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE
<i>19</i> |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL

CONFIDENT. | | |
| DATE
22 Oct 1962 | OFFICIAL TITLE OF REVIEWING OFFICIAL
OCS | TYPED OR PRINTED NAME AND SIGNATURE
Robert P. Wheeler |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | |
|---|--|--|----------------------------------|------------------------|-------|---------------|
| | | | | 017974 | | |
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. SEX | 3. GRADE | 4. SD | |
| FOX Jerome J. | | | M | CS-12 | D | |
| 5. OFFICIAL POSITION TITLE | | | 6. OFF/DIV/BR OF ASSIGNMENT | | | |
| Ops Officer | | | DDP/FE | | | |
| 7. CHECK (X) TYPE OF APPOINTMENT | | | 8. CURRENT STATION | | | |
| CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> | | | Headquarters | | | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | REASSIGNMENT SUPERVISOR | | | |
| SPECIAL (Specify) | | | REASSIGNMENT EMPLOYEE | | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - to) | | | |
| January 1964 | | | April - 31 January 1964 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | | |
| SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| SPECIFIC DUTY NO. 1 | | | | | | RATING LETTER |
| Assembles available information on North Vietnam, and its diplomatic establishments abroad. | | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER |
| Acts as ZRGRail officer for Vietnam Desk. | | | | | | P |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER |
| Aids in giving operational support to denied areas ops program run by Saigon Station. | | | | | | P |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER |
| Prepares periodic reports on progress of denied area ops program. | | | | | | S |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER |
| | | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER |
| | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | RATING LETTER |
| | | | | | | P |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|--|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE
18 February 1964 | SIGNATURE OF EMPLOYEE
<i>[Signature]</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

10 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE
18 February 1964 | OFFICIAL TITLE OF SUPERVISOR
Chief, FE | TYPED OR PRINTED NAME AND SIGNATURE
Donald P. Gregg |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| | | |
| DATE
9 March 1964 | OFFICIAL TITLE OF REVIEWING OFFICIAL
Chief, FE/ | TYPED OR PRINTED NAME AND SIGNATURE |

SECRET

H F-27

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | |
|--|----------------|---|--|------------------------|-----------------|--|--|
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle)
FOX J. CROOK | | | 2. DATE OF BIRTH | | 3. SEX
M | | |
| 4. GRADE
GS-12 | | | 5. OFF/DIV/BR OF ASSIGNMENT
Tokyo, Japan | | | | |
| 6. SERVICE DESIGNATION
IR | | 7. OFFICIAL POSITION TITLE
IO | | | | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | | |
| <input type="checkbox"/> NOT ELIGIBLE
<input checked="" type="checkbox"/> MEMBER
<input type="checkbox"/> DEFERRED
<input type="checkbox"/> PENDING
<input type="checkbox"/> DECLINED
<input type="checkbox"/> DENIED | | | <input type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> ANNUAL
<input type="checkbox"/> REASSIGNMENT/SUPERVISOR
<input type="checkbox"/> REASSIGNMENT/EMPLOYEE | | | | |
| 10. DATE REPORT DUE IN G.P. | | 11. REPORTING PERIOD
From 15 Apr 61 to 31 Dec 61 | | 12. SPECIAL (Specify) | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | | | |
| SPECIFIC DUTY NO. 1: Monitors and coordinates with ODYCE and allied armed services the [redacted] in North Asian area covering [redacted] collection. | | | SPECIFIC DUTY NO. 4: Maintains continuous close official & personal working liaison with a support for commanders & officers of the various ODYCE military intelligence collection units in [redacted] (cont.) | | | | |
| SPECIFIC DUTY NO. 2: Determines, initiates & directly participates in the exploitation of [redacted] targets in conjunction with HUDOC and ODYCE armed services. | | | SPECIFIC DUTY NO. 5: Responsible for preparation of collection intel & admin rpts dispatched to [redacted] Center, on all matters pertaining to the PGP in this area of jurisdiction. | | | | |
| SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODYCE personnel & for foreign allied personnel (e.g., [redacted] Chinese nationalists) in the [redacted] collection, analysis & [redacted] (cont.) | | | SPECIFIC DUTY NO. 6: Represents the interests of [redacted] generally in liaison with other ODYCE intelligence components - both collection & analysis [redacted] | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | |
| 1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding. | | | | | RATING NO.
5 | | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee. | | | | | | | |
| 1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree | | | | | | | |
| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | RATING | | | | |
| GETS THINGS DONE | | | | | | | |
| RESOURCEFUL | | | | | | | |
| ACCEPTS RESPONSIBILITIES | | | | | | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | | |
| WRITES EFFECTIVELY | | | | | | | |
| SECURITY CONSCIOUS | | | | | | | |
| THINKS CLEARLY | | | | | | | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | | |
| OTHER (Specify): | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

13 Nov. Filled in

Office

SECTION 2

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for improvement and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

02 PM '62

SECTION F

CERTIFICATION AND COMMENTS

1

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE _____

51 December 61

SIGNATURE OF EMPLOYEE

1117

Jerome Fox (Signed)

2.

BY SUPERVISOR _____

MONTHS EMPLOYER HAS SEEN
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

7

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYER UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE _____

31 December 61

OFFICIAL TITLE OF SUPERVISOR

1. TYPE OR PRINTED NAME AND SIGNATURE

(Signed)

3.

BY REVIEWING OFFICIAL

X I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

IT WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DAI

21 Dec. 61

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

(Signed)

SECRET

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [REDACTED]

Specific Duty No. 4

.. KUDOVs elements, particularly [REDACTED]

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYER SERIAL NUMBER
(When Filled In)

SECTION A

GENERAL

| | | | | | |
|---|--|--|--|-----------------------|--------------------------|
| 1. NAME
(Last) (First) (Middle)
FOX, Jerome | | | 2. DATE OF BIRTH | 3. SEX
Male | 4. GRADE
GS-11 |
| 5. SERVICE DESIGNATION
IR | | | 6. OFFICIAL POSITION/TITLE
IO | | 7. OFF/DIV/OF ASSIGNMENT |
| 8. CAREER STAFF STATUS
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED | | | 9. TYPE OF REPORT
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE | | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD
Sept 59 Apr 61 | | 12. SPECIAL (Specify) | |

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (insert number of employees supervised).

| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
|---|---------------------|----------------|---------------|--|--------------|-----------------|
| SPECIFIC DUTY NO. 1: Monitors and coordinates with ODVOR and allied armed personnel in North Asian Area Conceptual Pro-
[redacted] | | | RATING NO. 6 | SPECIFIC DUTY NO. 4: Maintains continuing and close official & personal working liaison with & support for commanders & officers of the various ODVOR Military Intel collection units in [redacted] (cont) | | |
| SPECIFIC DUTY NO. 2: Determines, initiates and directly participates in the exploitation of PMS targets in conjunction with KUEGZ and ODVOR armed services. | | | RATING NO. 6 | SPECIFIC DUTY NO. 5: Responsible for proper management of collection intel & admin rts & dispatches to [redacted] on all matters pertaining to the ENCI in this area of jurisdiction. | | |
| SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODVOR personnel and for foreign allied personnel (e.g., [redacted] in the identification, photographic and [redacted] both collection and analysis in [redacted] | | | RATING NO. 6 | SPECIFIC DUTY NO. 6: Represents the interest of [redacted] generally in liaison with other ODVOR intelligence components - [redacted] | | |

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1. Performance in many important respects falls to meet requirements.
2. Performance meets most requirements but is deficient in one or more important respects.
3. Performance clearly meets basic requirements.
4. Performance clearly exceeds basic requirements.
5. Performance in every important respect is superior.
6. Performance in every respect is outstanding.

RATING NO.
5

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.

| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | RATING | | | | |
|---|----------------|--------------|--------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| GETS THINGS DONE | | | | | | | X |
| RESOURCEFUL | | | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | | X |
| DRIVES EFFECTIVELY | | | | | | | X |
| IS SOCIALLY CONSCIOUS | | | | | | | X |
| THINKS CLEARLY | | | | | | | X |
| DISCIPLINED IN ORGANIZING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | | X |
| OTHER (Specify) | | | | | | | |

SEE SECTION 12 ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SECTION F

CERTIFICATION AND COMMENTS

(Continued)

| | | |
|---|--|--|
| 1. BY EMPLOYEE | | |
| I certify that I have seen Sections A, B, C, D and E of this Report. | | |
| DATE
14 April 1961 | SIGNATURE OF EMPLOYEE
Jerome Fox (Signed) | This report has been prepared in accordance with F.P. Division standards which require that the individual being evaluated be given an opportunity to be heard before any action is taken. |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION
18 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION. | |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON. | | |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | REPORT MADE WITHIN LAST 90 DAYS | |
| OTHER (Specify): | | |
| DATE
14 April 1961 | OFFICIAL TITLE OF SUPERVISOR
Chief, SIB | TYPED OR PRINTED NAME AND SIGNATURE |
| 3. BY REVIEWING OFFICIAL | | |
| I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. | | |
| I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. | | |
| I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. | | |
| I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. | | |
| | | |
| | | |
| 14 Apr 1961 | | |

SECRET

00000

Continuation of Section B:

Specific Duty No. 3

collection techniques [redacted]

Specific Duty No. 4

KUDOV elements, [redacted]

Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.

SECRET
(When Filled In)

2016

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER | | | | | |
|--|--|------------------------------|------------------|---|-----------------------------|--------------------------|-----------------|------------------------|---|---|---|
| SECTION A GENERAL | | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | | 3. SEX | | 4. GRADE | | | | |
| FOX Jerome | | | | | Male | | GS-11 | | | | |
| 5. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | | | | | | |
| IR | | | | | | | | | | | |
| 8. CAREER STAFF STATUS | | | | 9. TYPE OF REPORT | | | | | | | |
| <input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED
<input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED | | | | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR
<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE | | | | | | | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD | | 12. SPECIAL (Specify) | | | | | | | |
| | | From 4 Sept 59 To 30 Sept 60 | | Promotion | | | | | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employee supervised). | | | | | | | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | | | | | | | |
| SPECIFIC DUTY NO. 1 Monitor and coordinate with ODYOKE and allied armed services the () in North Asian area covering and officially | | | | SPECIFIC DUTY NO. 4 maintains confidential and close official & personal working liaison with & support for commanders & officers of the various ODYOKE units in | | | | | | | |
| SPECIFIC DUTY NO. 2 Determines, initiates and directly participates in the exploitation of targets in conjunction with KUDOVE and ODYOKE armed services. | | | | SPECIFIC DUTY NO. 5, particularly the liaison staff, responsible for preparation of collection intel & admin data & data to be all matters pertaining to the | | | | | | | |
| SPECIFIC DUTY NO. 3 Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel (e.g. Nationalist) in the identification, photo, radio, and | | | | SPECIFIC DUTY NO. 6 area of jurisdiction, represents the interests of ODYOKE generally in liaison with other ODYOKE intelligence components both collection and | | | | | | | |
| | | | | | | | | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | |
| collection techniques applicable to the | | | | | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | | | | | |
| 1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding. | | | | | | | RATING NO.
5 | | | | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | | | | | | | |
| 1 - Least possible degree | | 2 - Limited degree | | 3 - Normal degree | | 4 - Above average degree | | 5 - Outstanding degree | | | |
| CHARACTERISTICS | | | | | NOT APPLICABLE | NOT OBSERVED | RATING | | | | |
| | | | | | | | 1 | 2 | 3 | 4 | 5 |
| GETS THINGS DONE | | | | | | | | | | | X |
| RESOURCEFUL | | | | | | | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | | | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | | | | | X | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | | | | | X | |
| WRITES EFFECTIVELY | | | | | | | | | X | | |
| SECURITY CONSCIOUS | | | | | | | | | X | | |
| THINKS CLEARLY | | | | | | | | | | X | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | | | | X | | |
| OTHER (Specify): | | | | | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of [redacted] representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET 24 AUG 1959
(When Filled In)

24128

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | |
|--|--|--|--|---|--------------------------|---|
| | | | | 117974 | | |
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle)
Fox, Jerome | | | 2. DATE OF BIRTH | | 3. SEX
Male | |
| 4. SERVICE DESIGNATION
IR | | | 5. OFFICIAL POSITION/TITLE
IO | | 6. GRADE
GS-11 | |
| 7. OFF/DIV/BR OF ASSIGNMENT
ORR-FM/EA | | | | | | |
| 8. CAREER STAFF STATUS | | | 9. TYPE OF REPORT | | | |
| <input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED
<input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED | | | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR
<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT/EMPLOYEE | | | |
| 10. DATE REPORT DUE IN O.P.
31 Oct 1959 | | 11. REPORTING PERIOD
15 Mar 58 - 30 Sep 1959 | | 12. SPECIAL (Specify) | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding | | | | | | |
| SPECIFIC DUTY NO. 1
Prepares written reports on results of analysis. | | RATING NO.
3 | | SPECIFIC DUTY NO. 4
Directs and participates in field exploitation. | | |
| SPECIFIC DUTY NO. 2
Derives significant intelligence from factory markings data. | | RATING NO.
4 | | SPECIFIC DUTY NO. 5
Organizes raw data into analytic file. | | |
| SPECIFIC DUTY NO. 3
Supervises junior analyst. | | RATING NO.
4 | | SPECIFIC DUTY NO. 6
 | | |
| RATING NO.
4 | | | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | |
| 1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding. | | | | | RATING NO.
3 | |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee. | | | | | | |
| 1 - Least possible degree | | 2 - Limited degree | | 3 - Normal degree | | |
| 4 - Above average degree | | 5 - Outstanding degree | | | | |
| CHARACTERISTICS | | NOT APPLICABLE | NOT OBSERVED | RATING | | |
| | | | | 1 | 2 | 3 |
| GETS THINGS DONE | | | | | | X |
| RESOURCEFUL | | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | X |
| WRITES EFFECTIVELY | | | | | X | |
| SECURITY CONSCIOUS | | | | | | X |
| THINKS CLEARLY | | | | | X | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | X |
| OTHER (Specify): | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

OFFICE OF PERSONNEL
AUG 19 4 56 PM '59
MAIL ROOM

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

42

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.

Departed on PCS overseas.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

AND SIGNATURE

13 August 1959

Chief, FM/EA

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

13 August 1959

Chief, St/PM

SECRET

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name: FOX, Jerome Sex: Male
Date of Birth: [REDACTED] Grade or Rank: GS-11
EOD Date: 15 June 1959 Office: OAR
Dates of Course: 6 Apr - 15 May 59 No. of Students: 25
Projected Assignment or Present Position:
(from Request for Internal Training) [REDACTED]

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

Mr. Fox satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

[REDACTED]
Chief Instructor, OFC

[REDACTED]
Chief, Field Training

S-E-C-R-E-T

(When filled in)

COURSE DESCRIPTION

SPANISH BASIC COURSE (REPEATED WEEKLY - PART-TIME)

SECTION I: IDENTIFYING INFORMATION

| | | | | |
|--|---------------------------------|-------------------------------|---|-----------------------------|
| NAME
FOX, Jerome | | SEX
Male | DATES OF COURSE
5 Jan - 13 March 1959 | NO. OF STUDENTS
1 |
| DATE OF BIRTH
[REDACTED] | BOB DATE
15 June 1955 | GRADE OR RANK
OS-11 | OFFICE
OSB | |
| PROPOSED ASSIGNMENT OR PRESENT LOCATION
Analytic position in ST/PM | | | | |

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- A. Ability to produce and distinguish all the sounds of the language.
- B. Ability to use adequately a stock of correct Spanish sentences and expressions.
- C. Ability to analyze sentences and expressions into their components.
- D. Ability to comprehend speech-speed spoken Spanish in a wide variety of non-technical situations.
- E. Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

SECTION IV: EVALUATION RATING

The following is an explanation of the five terms of evaluation employed below:

1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

S-E-C-R-E-T
(When filled in)

S-P-C-R-F-2
(When Filled In)

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (*) represents the rating this student achieved.

| Course Objectives | Rating
1 | Rating
2 | Rating
3 | Rating
4 | Rating
5 |
|-------------------|-------------|-------------|-------------|-------------|-------------|
| Objective A | | | 2 * | 1 | |
| Objective B | | | 2 * | 1 | |
| Objective C | | | 2 * | 1 | |
| Objective D | | | 2 * | 1 | |
| Objective E | | | 2 * | 1 | |

This class as a whole is rated as:

Above average _____ Average X _____ Below than average _____

SECTION VI: COMMENTS

FOR THE DIRECTOR OF TRAINING

181
 Signature of Instructor

S-P-C-R-F-2
(When Filled In)

| | | | |
|---------------------------------------|--------------|---------------------|-----------------|
| SECTION I: GENERAL INFORMATION | | | |
| NAME | AGE | DATE | NO. OF STUDENTS |
| FOX, Jerome | Male | 13 Oct 58-19 Dec 58 | 6 |
| DATE OF BIRTH | FOR CARD | CLASS | GRADE |
| | 15 June 1955 | OS-11 | OSB |
| IF CHECKED AS ITEM OF PERSON POSITION | | | |
| Analyst | | | |

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of assignments during the period of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had rather a haphazard exposure to the language or an insufficient introduction to the language of the area as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Objective A. Ability to produce and distinguish all the sounds of the language.
- Objective B. Ability to construct accurately a sentence of correct Spanish sentences and expressions.
- Objective C. Ability to analyze and break down sentences into their components.
- Objective D. Ability to understand and interpret spoken Spanish in a wide variety of conversational situations.
- Objective E. Ability to read and understand using a limited number of vocabulary and structural items.

SECTION IV: EVALUATION SYSTEM

Signature
When filled in

PLANISH PARISH AREA COMMUNITY COLLEGE

The following is an explanation of the five terms of evaluation employed below:

- Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.
- Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
- Rating 4. The student showed a high degree of competence in meeting the objectives.
- Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (*) represents the Rating this student achieved.

| Course Objectives | Rating 1 | Rating 2 | Rating 3 | Rating 4 | Rating 5 |
|-------------------|----------|----------|----------|----------|----------|
| Objective A | | 1 | 2 | 2* | 1 |
| Objective B | | | 3* | 3 | |
| Objective C | | | 4* | 2 | |
| Objective D | | | 3* | 3 | |
| Objective E | | | 3 | 3* | |

This class as a whole is rated as:

Above average _____ Average X _____ Below then average _____

SECTION VI: COMMENTS

Since reading skills are stressed during the latter part of the 30-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF STUDENTS:

/s/

Signature of Head Instructor

S. E. ...
(Name filled in)

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A.

GENERAL

| | | | | | |
|---|--------------------------|--|----------------------------|--------|------------------------|
| 1. NAME (Last) | (First) | (Middle) | 2. RATE OR RANK | 3. SEX | 4. SERVICE DESIGNATION |
| FOX | TERENCE | | | M | IS |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | | | 6. OFFICIAL POSITION TITLE | | |
| OPB | | | Identification Specialist | | |
| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Exclusive dates) | | | |
| 11 | 29 March 58 | 15 March 57 - 15 March 58 | | | |
| 10. TYPE OF REPORT (Check one) | INITIAL | | REASSIGNMENT - SUPERVISOR | | SPECIAL (Specify) |
| | ANNUAL | | REASSIGNMENT - EMPLOYEE | | |

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.
Individual on TDY Overseas

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|---|--|
| <input checked="" type="checkbox"/> 1. THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | IF INDIVIDUAL IS RATED "I" IN CI OR O, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> 2. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | |
| <input checked="" type="checkbox"/> 3. I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |
| I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): | |

B. THIS DATE

2 April 1958

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

D. SUPERVISOR'S OFFICIAL TITLE

Branch Chief/EA

2. FOR THE REVIEWING OFFICER:

DOES NOT AGREE WITH THE SUPERVISOR'S EVALUATION OF THE INDIVIDUAL'S PERFORMANCE. IF NOT, EXPLAIN THE DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY *MA* DATE 10 APR 1958
 Posted For Control
 Reviewed by PLO *WID* 4/14/58

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section:

A. THIS DATE

2 April 58

B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, SE/OPB

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

Performance

SECRET

(When Filled In)

| 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------------|---------------|--|--|---|---|---|--|---|--|---|---------------------------|---------------|-------------------|-----------------------------|----------------|--------------------|--------|--------------------------------|-------------|------------------|--------------------|--------------|-------------|-------------------------|----------------------------|
| <p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>MAIL ROOM</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p> | | | | ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | MAIL ROOM | GIVING LECTURES | DEVELOPS NEW PROGRAMS | CONDUCTS INTERROGATIONS | CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | PREPARES SUMMARIES | WRITING TECHNICAL REPORTS | MANAGES FILES | TRANSLATES GERMAN | CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | DEBRIEFING SOURCES | TYPING | COORDINATES WITH OTHER OFFICES | KEEPS BOOKS | TAKING DICTATION | WRITES REGULATIONS | DRIVES TRUCK | SUPERVISING | PREPARES CORRESPONDENCE | MAINTAINS AIR CONDITIONING |
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | MAIL ROOM | | | | | | | | | | | | | | | | | | | | | | | | | |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | CONDUCTS INTERROGATIONS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | PREPARES SUMMARIES | | | | | | | | | | | | | | | | | | | | | | | | | |
| WRITING TECHNICAL REPORTS | MANAGES FILES | TRANSLATES GERMAN | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | DEBRIEFING SOURCES | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPING | COORDINATES WITH OTHER OFFICES | KEEPS BOOKS | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAKING DICTATION | WRITES REGULATIONS | DRIVES TRUCK | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISING | PREPARES CORRESPONDENCE | MAINTAINS AIR CONDITIONING | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DESCRIPTIVE RATING NUMBER</p> <table border="0"> <tr> <td>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</td> <td>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</td> </tr> <tr> <td>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</td> <td>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</td> </tr> <tr> <td>3 - PERFORMS THIS DUTY ACCEPTABLY</td> <td></td> </tr> <tr> <td>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</td> <td></td> </tr> <tr> <td>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</td> <td></td> </tr> </table> | | | | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY | 3 - PERFORMS THIS DUTY ACCEPTABLY | | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | | | | | | | | | | | | | | | |
| 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - PERFORMS THIS DUTY ACCEPTABLY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 1 | RATING NUMBER | SPECIFIC DUTY NO. 2 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| Organizes raw data into analytic file | 5 | Directs field exploitation | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 | RATING NUMBER | SPECIFIC DUTY NO. 4 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| Derives significant intelligence from data | 5 | Supervises junior analysts | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 5 | RATING NUMBER | SPECIFIC DUTY NO. 6 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepares reports on conclusions | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</p> <p>DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SECTION D: SUITABILITY FOR CURRENT JOB IN ORGANIZATION</p> <p>DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table border="0"> <tr> <td rowspan="7"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div> <p>RATING NUMBER</p> </td> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> </tr> <tr> <td>2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td>3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> </tr> <tr> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> </tr> <tr> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div> <p>RATING NUMBER</p> | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED | 2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW | 3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION | 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION | 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS | 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div> <p>RATING NUMBER</p> | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management, and personnel officials, concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E:

GENERAL

| | | | | | |
|---|--------------------------|--|----------------------------|-------------------------|------------------------|
| 1. NAME (Last) | (First) | (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
| FOX | JEROME | | | M | IR |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | | | 6. OFFICIAL POSITION TITLE | | |
| CRR | | | Identification Specialist | | |
| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) | | | |
| 11 | 29 March 58 | 15 March 57 - 15 March 58 | | | |
| 10. TYPE OF REPORT (Check one) | | INITIAL | | REASSIGNMENT SUPERVISOR | |
| | | <input checked="" type="checkbox"/> ANNUAL | | REASSIGNMENT EMPLOYEE | |
| | | | | SPECIAL (Specify) | |

SECTION F:

CERTIFICATION

| | | |
|--|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED. | | |
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | C. SUPERVISOR'S OFFICIAL TITLE |
| 8 April 1958 | | Branch Chief/EA |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. | | |
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 8 Apr 58 | | Chief, ST/EN/RR |

SECTION G:

ESTIMATE OF POTENTIAL

| | |
|--|-------------------------|
| 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES | |
| DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. | |
| 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES BUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES | DATE
Reviewed by PLO |
| 4 | |

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No. If your answer is YES, indicate below your opinion or grade of the level of supervisory ability this person will reach AFTER SUIABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION | 1 - BELIEVE INDIVIDUAL WOULD BE A GOOD SUPERVISOR IN THIS KIND OF SITUATION | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION |
|---------------------------|--|--|---|---|
| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION | | |
| 2 | | A GROUP USING THE BASIC JOB (Task drivers, stenographers, technicians or professional specialists of various kinds) WITH CONTACT WITH IMMEDIATE SUPERVISORS IS FREQUENT (First line supervisors) | | |
| | 2 | A GROUP OF SUPERVISORS MANAGING THE BASIC JOB (Second line supervisors) | | |
| | 3 | A GROUP OF SUPERVISORS MANAGING THE BASIC JOB (Third line supervisors) | | |
| | 2 | WITH CONTACT WITH IMMEDIATE SUPERVISORS IS FREQUENT | | |
| | 3 | WITH IMMEDIATE SUPERVISORS FREQUENT AND NEED FOR COORDINATION | | |
| | 2 | WITH IMMEDIATE SUPERVISORS FREQUENT AND NEED FOR COORDINATION | | |
| | | OTHER (Specify) | | |

SECRET

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NAMED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
30 APR 9 4 31 PM '58

4. COMMENTS CONCERNING POTENTIAL

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "Category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

4 - HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE

2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE

3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE

4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE

5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
|----------|--|----------|--|----------|--|
| 3 | 1. TENDS TO SEE ANOTHER'S POINT OF VIEW | 4 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 3 | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 3 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 4 | 3. HAS INITIATIVE | 4 | 13. ACCEPTS RESPONSIBILITY | 3 | 23. IS THOUGHTFUL OF OTHERS |
| 4 | 4. IS ANALYTIC IN HIS THINKING | 3 | 14. ADMITS HIS ERRORS | 4 | 24. KEEPS WELL UNDER PRESSURE |
| 4 | 5. DISCLOSES CONSTANTLY FOR NEW PROBLEMS AND IDEAS | 4 | 15. ASKS FOR HELP TO SUPERVISE | 4 | 25. DISPLAYS JUDGMENT |
| 3 | 6. SHOWS TENDENCY TO SEEK ASSISTANCE | 2 | 16. GIVES HIS JOB WITHOUT STRONG SUPPORT | 3 | 26. IS SECURITY CONSCIOUS |
| 4 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 4 | 27. IS CREATIVE |
| 4 | 8. HAS MEMORY FOR FACTS | 4 | 18. IS OBEYANT | 4 | 28. HAS CRITICISM TO CONSTRUCTIVE |
| 4 | 9. DOES THINGS WELL | 4 | 19. THINKS CLEARLY | 4 | 29. FACILITATES OTHERS' WORK |
| 4 | 10. CAN Cope WITH EMERGENCIES | 4 | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 4 | 30. DOES NOT RESIGNAL STRESS AND CONFIDENCE SUPERIOR |

SECRET

TSS/PB TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME Jerome Fox DIV CS BR 1A DATES TRAINED: from 29 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

| | None | Unsat | Fair | Good | Excellent | Superior |
|--|------|-------|------|------|-----------|----------|
| I. Manipulation of camera. | | | | | | |
| a. Leica | | | | X | | |
| b. Retina II C | X | | | | | |
| c. Recordak | | | | X | | |
| II. Processing and printing. | | | | | | |
| a. Film loading | | | | X | | |
| b. Film processing | | | | X | | |
| c. Enlarging | | | | X | | |
| d. Reflex and contact printing | | | | | X | |
| III. Use of accessory equipment. | | | | | | |
| a. Exposure meter | | | | X | | |
| b. Filters | X | | | | | |
| c. Telephoto and wide angle lenses | | | | X | | |
| IV. Document copy and small objects. | | | | | | |
| a. Available light | X | | | | | |
| b. Accessory illumination | | | | X | | |
| c. BOOWU, portra lens, focus slide | | | | X | | |
| V. Ground photography. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | X | | | | | |
| VI. Casing. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VII. Surveillance. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VIII. Special problems. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| General quality of prints | | | | X | | |
| Choice of subject matter | | | | X | | |
| Quality of darkroom work (Cleanliness, etc.) | | | | X | | |
| Attitude toward subject matter | | | | X | | |
| Cooperation | | | | | X | |

REMARKS

APPROVED
C/TSS/ND

Instructor

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8 of Section A below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. D. BEN 4. SERVICE DESIGNATION
FOX Jerome M IR

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

6. OFFICIAL POSITION/TITLE

ORR/Techniques & Methods/Analysis & Reports Identification Specialist

7. GRADE 8. DATE REPORT DUE IN QP

9. PERIOD COVERED BY THIS REPORT (Inclusive dates)

OS-9 29 March 1957

15 March 1956 - 15 March 1957

10. TYPE OF REPORT (Check one)

INITIAL

PROBATIONARY EMPLOYEE

SPECIAL (Specify)

X ANNUAL

REASSIGNMENT EMPLOYEE

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:

☒ THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.

IF INDIVIDUAL IS RATED "I" IN C. OR D. A BARRING LET. FOR HAS SENT TO HIM A COPY ATTACHED TO THIS REPORT.

☐ THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.

I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):

☒ I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

D. SUPERVISOR'S OFFICIAL TITLE

28 March 57

Acting Branch Chief

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE
22 APR 1957
54
Posted For
Reviewed by

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE

B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

28 March 57

Chief, D/TAN

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES:

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5

INSERT RATING NUMBER

1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

Performance

(4)

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated on a specific duty (do this *4 or 5* supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the *same* duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

| | | |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
- For some jobs, duties may be broken down even further, if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

| | | |
|---------------------------------|---|--|
| DESCRIPTIVE
RATING
NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| | 3 - PERFORMS THIS DUTY ACCEPTABLY | |
| | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

| | | | |
|--|--------------------|---|--------------------|
| SPECIFIC DUTY NO. 1
Organizes raw data into analytic file. | RATING NUMBER
6 | SPECIFIC DUTY NO. 4
Devises codes for mechanical processing of raw data. | RATING NUMBER
5 |
| SPECIFIC DUTY NO. 2
Derives significant intelligence from data. | RATING NUMBER
5 | SPECIFIC DUTY NO. 5
Participates in field exploitation | RATING NUMBER
5 |
| SPECIFIC DUTY NO. 3
Drafts reports on conclusions. | RATING NUMBER
4 | SPECIFIC DUTY NO. 6 | RATING NUMBER |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses; particularly those which affect development on present job.

Mr. Fox

SECTION C. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity; conduct in the job; pertinent personal characteristics or habits; special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

5
RATING
NUMBER

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY.

SECRET

SECRET
(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER "OLD" *OFFICE OF PERSONNEL*

18

2. COMMENTS CONCERNING POTENTIAL

SECTION II: FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Mr. Fox

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I: DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in *each* degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- CATEGORY NUMBER
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 - 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 - 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 - 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 - 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
|----------|---|----------|--|----------|---|
| 4 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 4 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 4 | 21. IS EFFECTIVE IN SIGNIFYING WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 4 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITY | 4 | 23. IS THOUGHTFUL OF OTHERS |
| 5 | 4. IS ANALYTIC IN HIS THINKING | 4 | 14. ADMITS HIS ERRORS | 2 | 24. MOVES WELL UNDER PRESSURE |
| 4 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND LEARS | 4 | 15. RESPONDS WELL TO SUPERVISION | 4 | 25. DISPLAYS JUDGMENT |
| 4 | 6. KNOWS WHEN TO SEEK ASSISTANCE | 5 | 16. DOES HIS JOB WITHOUT STRONG SUPPORT | 4 | 26. IS SECURITY CONSCIOUS |
| 4 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 5 | 27. IS VERSATILE |
| 4 | 8. HAS MEMORY FOR FACTS | 4 | 18. IS OBSERVANT | 2 | 28. HIS CRITICISM IS CONSTRUCTIVE |
| 5 | 9. GETS THINGS DONE | 4 | 19. THINKS CLEARLY | 4 | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| | 10. CAN Cope WITH EMERGENCY | 5 | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | | 30. DOES NOT REQUIRE A PLEASANT AND CONTINUOUS SUPERVISOR |

SECRET

21
SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.
FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any notation. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B. of Section A below.

SECTION A.

GENERAL

| | | | |
|--|---|--|-------------------------------------|
| 1. NAME (Last) Fox (First) Jerome (Middle) | 2. DATE OF BIRTH | 3. SEX M | 4. SERVICE DESIGNATION SD/IR |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT OPR. Techniques & Methods Div., Analysis & Reports Br. | 6. OFFICIAL POSITION TITLE Identification Specialist | | |
| 7. GRADE GS-7 | 8. DATE REPORT DUE IN OF 6 April 1956 | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 June 1955 - 15 March 1956 | |
| 10. TYPE OF REPORT (Check one)
<input checked="" type="checkbox"/> INITIAL
<input type="checkbox"/> ANNUAL | 11. REASONING SUPERVISOR
<input type="checkbox"/> ASSIGNMENT EMPLOYEES
<input type="checkbox"/> SPECIAL (Specify) | | |

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.
NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|---|---|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM/HER. COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| <input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES TO THAT HE KNOWS WHERE HE STANDS. | |

B. THIS DATE

9 April 1956

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

D. SUPERVISOR'S OFFICIAL TITLE

CHIEF, T/AR

2. FOR THE REVIEWING OFFICIAL

STATEMENT OF DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

No difference of opinion. Concur in evaluation of Mr. Fox as one of the better young men I've seen.

| | |
|-------------------------------|-------------------------|
| BY F.P. | DATE 20 APR 1956 |
| Posted Pos. Control | |
| Reviewed by PUD 2/4-25 | |

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE

9 April 56

B. TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

CHIEF, D/T

SECTION C.

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

| | |
|---|--|
| 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. | <div style="border: 1px solid black; padding: 5px; width: 40px; text-align: center; margin: 0 auto;">5</div> |
| 2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. | |
| 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. | |
| 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. | |
| 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. | |
| 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR. | |

COMMENTS:

1. Employment should be continued beyond the probationary period.
2. Mr. Fox's performance on the job was substantially superior to indications from the BUC evaluation.

FORM NO. 45 (Part I)
1 NOV 55

REPLACES PREVIOUS EDITIONS OF FORMS 45 AND 45A WHICH ARE OBSOLETE.

SECRET

Performance

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this SPECIFIC duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate the different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
- | | | |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES BUDGETS |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable: e.g., combined key and phone operation, in the case of a radio operator.

| | | |
|---------------------------------|---|---|
| DESCRIPTIVE
RATING
NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER, FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| | 3 - PERFORMS THIS DUTY ACCEPTABLY | |
| | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

| | | | |
|---|---------------|-----------------------------------|---------------|
| SPECIFIC DUTY NO. 1 | RATING NUMBER | SPECIFIC DUTY NO. 4 | RATING NUMBER |
| Organize raw data into analytic file | 6 | Participate in field exploitation | 6 |
| SPECIFIC DUTY NO. 2 | RATING NUMBER | SPECIFIC DUTY NO. 5 | RATING NUMBER |
| Derive significant intelligence from data | 6 | | |
| SPECIFIC DUTY NO. 3 | RATING NUMBER | SPECIFIC DUTY NO. 6 | RATING NUMBER |
| Draft reports on conclusions | 5 | | |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect the

Mr. Fox

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ NO ☒ YES

EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

FITNESS REPORT- (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision **NOT AT LEAST 90 DAYS**. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the **INITIAL REPORT** on the employee, however, it **MUST** be completed and forwarded to the CE, no later than 30 days after the due date indicated in item 8 of Section "E" below.

| SECTION E. GENERAL | | |
|--|--------|------------------------|
| 1. NAME (Last) (First) (Middle) | 3. SER | 4. SERVICE DESIGNATION |
| Fox Jerome | Y | SD/IR |
| 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT | | |
| ORR, Techniques and Methods Div., Analysis & Reports Br. Identification Specialist | | |
| 6. OFFICIAL POSITION TITLE | | |

| | | |
|---|--|--|
| 7. GRADE | 8. DATE REPORT DUE IN OF | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
| GS-7 | 6 April 1956 | 15 June 1955 - 15 March 1956 |
| 10. TYPE OF REPORT (Check one) | | |
| <input checked="" type="checkbox"/> INITIAL | <input type="checkbox"/> REASSIGNMENT-SUPERVISOR | <input type="checkbox"/> SPECIAL (Specify) |
| <input type="checkbox"/> ANNUAL | <input type="checkbox"/> REASSIGNMENT-EMPLOYEE | |

| SECTION F. CERTIFICATION | | |
|---|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED | | |
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | C. SUPERVISOR'S OFFICIAL TITLE |
| 9 April 1956 | | CHIEF, T/AR |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO | | |
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 9 Apr 56 | | CHIEF, D/T |

| SECTION G. ESTIMATE OF POTENTIAL | |
|---|---|
| 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES | |
| DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. | |
| 6 | <ul style="list-style-type: none"> 1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES 4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES 5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING 6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL 7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |

| 2. SUPERVISORY POTENTIAL | |
|---|--|
| DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column. | |

| DESCRIPTIVE RATING NUMBER | | DESCRIPTIVE SITUATION | |
|---------------------------|-----------|--|--|
| 1 | 2 | 1. HAVE AN OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION | |
| 1 | 2 | 1. BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION | |
| 1 | 2 | 2. BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION | |
| 1 | 2 | 3. BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION | |
| ACTUAL | POTENTIAL | | |
| 3 | | A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisor) | |
| | 2 | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors) | |
| | 0 | A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level) | |
| | 2 | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT | |
| | 2 | WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION | |
| | 2 | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX | |
| | | OTHER (Specify) | |

SECRET

Potential

SECRET

(When Filled In)

| | | | | | |
|---|---|----------|--|----------|--|
| 1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED SUBJECT HAS BEEN UNDER YOUR SUPERVISION | | | | | |
| SIX | OFFICE OF PERSONNEL | | | | |
| | | | | | |
| MAIL ROOM | | | | | |
| SECTION II. FUTURE PLANS | | | | | |
| 1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL | | | | | |
| Mr. Fox | | | | | |
| | | | | | |
| 2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENT | | | | | |
| | | | | | |
| SECTION I. DESCRIPTION OF INDIVIDUAL | | | | | |
| <p>DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.</p> <p>X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL</p> <p>1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE</p> <p>2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE</p> <p>3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE</p> <p>4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE</p> <p>5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE</p> | | | | | |
| CATEGORY NUMBER | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
| 4 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 4 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 4 | 21. IS EFFICIENT IN DISCUSSIONS WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS OR MEN CAN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 4 | 22. IMPLEMENTS DECISIONS REGARDLESS OF HOW LONG IT TAKES |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITY | 4 | 23. IS THOUGHTFUL OF OTHERS |
| 5 | 4. IS ANALYTIC IN HIS THINKING | 4 | 14. ADMITS HIS ERRORS | X | 24. WORKS WELL UNDER PRESSURE |
| 5 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND TECHNIQUE | 4 | 15. RESPONDS WELL TO SUPERVISION | 4 | 25. DISPLAYS JUDGMENT |
| 4 | 6. WORKS WELL WITH BACK ASSISTANCE | 5 | 16. DOES HIS JOB WITHOUT STROKE SUPPORT | 4 | 26. IS SECURELY CONFIDENT |
| 4 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 5 | 27. IS VERSATILE |
| 4 | 8. HAS MINIMAL JOB TALK | 4 | 18. IS OBSERVANT | 4 | 28. HIS CRITICISM IS CONSTRUCTIVE |
| 5 | 9. DOES THINGS DONE | 4 | 19. THINKS CLEARLY | 5 | 29. FACILITATES SWOOTH OPERATION OF HIS OFFICE |
| X | 10. CAN COPE WITH EMERGENCIES | 4 | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 4 | 30. DOES NOT REQUIRE STRESS AND CONTINUOUS REWARD |

SECRET

SECRET

TRAINING EVALUATION

INTEL. BASIC PRINCIPLES AND METHODS NO. 8

| SECTION I: IDENTIFYING INFORMATION | | | |
|------------------------------------|----------------------------------|--|------------------------------|
| NAME
FOX, Jerome | SEX
M | DATES OF COURSE
26 Sept. - 21 Oct. | NO. OF STUDENTS
14 |
| DATE OF BIRTH | EXP. DATE
15 June 1955 | GRADE OR RANK
GS-7 | OFFICE
ORR |

PROJECTED ASSIGNMENT OR FUTURE POSITION
Identification Specialist

- SECTION II: OBJECTIVES OF THE COURSE
1. To introduce students to the skills and methods involved in the processing of intelligence materials;
 2. To provide practice in the oral and written presentation of intelligence for a variety of purposes.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

Intelligence Principles and Methods is a four weeks (100 hours) extension of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has fulfilled the requirements of selectivity, organization, accuracy, to original, brevity and clarity of style. Grades for each type of written exercise are defined in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade awarded reflects intelligence focus, exploitation of sources, and general clarity and of written and oral presentation. The grades are defined as follows:

SUPERIOR: The student demonstrated outstanding ability in processing intelligence. In meeting this course goal he objectively demonstrated a thorough knowledge of the material presented and an ability to apply this knowledge in the processing of intelligence materials.

EXCELLENT: The student showed unusual competence, skill or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or, if skills are involved, he demonstrated that he can perform in an extremely effective manner in this area.

FOOR: Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

SECTION V: REPORT OF STUDENT ACHIEVEMENT

| SUBJECT | FAIL | POOR | SAT | EXC | SUP |
|--|------|------|-----|-----|-----|
| 1. Exercise - Interview Reporting | 0 | 0 | 6* | 7 | 1 |
| 2. Exercise - Brief Daily Intell. Item | 0 | 0 | 7 | 6* | 1 |
| 3. Exercise - Periodical Intell. Item | 0 | 0 | 5* | 9 | 0 |
| 4. Critical Book Review | 0 | 0 | 4 | 7* | 3 |
| 5. Research Problem | 0 | 0 | 6* | 7 | 1 |
| 6. Skill in Oral Briefing | 0 | 0 | 6* | 8 | 0 |

In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an "X" in one of the boxes shows the judgment of the instructional staff of his performance.

[illegible]

FOR THE DIRECTOR OF TRAINING:

Click Inspector

- 3 -

SECTION VII: INSTRUCTORS' COMMENTS

This evaluation, shown by an "X" in one of the boxes, carries into account this training record, the student's age, grade, Agency experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.

0 0000 000000000000 0000 0

Training Officer

~~S-S-C-R-E-T~~

SECRET

WJF-1

James Fox

READING ANALYSIS PROGRAM

8

OBJECTIVE PROGRAM

1. To determine employee's proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employee's degree of reading versatility. Versatility is defined as the ability to apply the several reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DEFINITION

READING COMPREHENSION TEST: Measures speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

EXTENSIVE READING TEST: Measures the degree of proficiency in informational, or general reading.

INTENSIVE READING TEST: Measures reading proficiency in acquiring basic knowledge of new subjects.

SCANNING TEST: Measures proficiency in the organization and location of specific information, main ideas, and questions.

ANALYSIS OF READING PERFORMANCE

| | Poor | Fair | Ext. | Exo. | Sup. |
|-------------------------------|------|------|------|------|------|
| 1. Basic Comprehension Skills | | | X | | |
| 2. Extensive Techniques | | | X | | |
| 3. Intensive Techniques | | X | | | |
| 4. Scanning Techniques: | | | | | |
| Specific Information | | | X | | |
| Main Ideas | | | X | | |
| Organization | | | X | X | |
| 5. Versatility | | | X | | |

COMMENTS AND RECOMMENDATIONS:

Mr. Fox

FOR THE DIRECTOR OF TRAINING

Chief Instructor

SECRET

SECRET

| TRAINING EVALUATION -- BASIC ORIENTATION | | | | | COURSE NO.
21 | |
|--|-------|------------------------------|---|--------------------------------|--|-------------------------------|
| SECTION I IDENTIFYING INFORMATION | | | | | | |
| NAME OF STUDENT
FOX, Jerome | | | SEX
<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | DATE OF COURSE
6 - 23 September 1955 | |
| DATE OF BIRTH | | DOB DATE
June 1955 | | GRADE OR RANK
GS-7 | | NO. OF STUDENTS
120 |
| PROJECTED ASSIGNMENT OR PRESENT POSITION
Identification Specialist | | | OFFICE
VR | | | |
| SECTION II CHARACTERISTICS OF THE COURSE | | | | | | |
| Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings. | | | | | | |
| SECTION III OBJECTIVES | | | | | | |
| <p>A. The Basic Orientation Course is designed to provide the student with information in the following areas:</p> <ol style="list-style-type: none"> 1. Introduction to Intelligence <ol style="list-style-type: none"> a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort. b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions. c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services. 2. Communism and the USSR <p>This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.</p> <p>B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.</p> | | | | | | |
| SECTION IV STUDENT ACHIEVEMENT RATINGS | | | | | | |
| The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received. | | | | | | |
| SUBJECT | HOURS | RATING | | | | |
| | | FAIL | POOR | SATISFACTORY | EXCELLENT | SUPERIOR |
| INTRODUCTION TO INTELLIGENCE | 64 | 4 | 9 | 30 | 45 * | 32 |
| COMMUNISM AND THE USSR | 56 | 2 | 14 | 40* | 37 | 29 |
| SECTION V COMMENTS | | | | | | |
| INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE | | | | | | |
| | | | | | | |
| CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER | | | | | | |
| FOR THE DIRECTOR OF TRAINING: | | | | SIGNATURE OF OFFICE SUPERVISOR | | |
| | | | | | | |

SECRET

| COVER CONTROL OF RETIREMENT PROCESSING | | | | | | | | | | FILE | |
|---|--|---------------|-------|---------------------------------|------------------------|------------------------------------|---------------------|-------------------------------------|----------|--------|--|
| TO: Retirement Operations Branch
Office of Personnel | | | | | | | | | | DATE | |
| RETIREE: JAMES FOX | | | | | CATEGORY OF EMPLOYMENT | | | | | | |
| On the basis of a review of the records [redacted] the following action is to be taken on processing retirement documentation for the person named above. | | | | | | | | | | | |
| TYPE RETIREMENT | | CIVIL SERVICE | | CIARDS | | DATE | | | | | |
| COVER | | OVERT ROUTINE | | COVERT (OFFICIAL COVER) LOCK-UP | | COVERT (NOC) SPECIAL | RETENTION OF AWARDS | | YES | NO | |
| CORRESPONDENCE | | | X | OVERT | | COVERT | | | THRU CCS | | |
| FINANCES | | | | | | | | | | | |
| ANNUITY PAYMENTS SHOULD BE | | | | | U.S. GOV'T. CHECK | | | OTHER (Payment instructions follow) | | | |
| TAX DOCUMENTATION SHOULD BE | | | | | CIA | | CSC | OTHER (MEMO FOLLOWS) | | | |
| REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION | | | | | YES | | NO | INTERNAL TRANSFER | | | |
| INSURANCE | | | | | | | | | | | |
| FEGLI | | X | OVERT | | COVERT | MAINTAIN RECORDS INTERNALLY ONLY | | | | | |
| TYPE OF HOSPITALIZATION CARD: [redacted] | | | | | | | | | | | |
| AUTHORIZATION TO CONVERT INSURANCE | | | | X | YES | CONVERSION MUST BE APPROVED BY CCS | | | | | |
| RESERVE | | | | | | | | | | | |
| MEMBER OF CIVILIAN RESERVE | | | | X | YES | NO | OVERT | | | COVERT | |
| REMARKS | | | | | | | | | | | |
| <p>CHIEF, COVER SUPPORT BRANCH
COVER & COMMERCIAL STAFF</p> <p>THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY</p> <p>NO SECURITY OBJECTIONS TO ABOVE.</p> <p>OTHER INSTRUCTIONS AS FOLLOWS:</p> | | | | | | | | | | | |
| CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY | | | | | | | | | | | |

12-7, 3429

SECRET

E-2, IMPDET CL. BY: 007622

(4-0-133)

7 - OFF. PERS. FILE ROOM

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE
INSURANCE PROGRAM**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ AN EMPLOYEE ☐ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "CSL," "A," or "X" NUMBER

(CSA, CSL, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address (including ZIP Code) of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| | | Daughter | 50% |
| | | Son | 50% |
| | | | |
| | | | |
| | | | |

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED:

THIS SPACE RESERVED FOR RECEIVING AGENCY

JUL 9 10 00 AM '74

PERSONAL AFFAIRS

(Indicate date and by whom received.)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

EXAMPLES OF DESIGNATIONS

1. How To Designate ONE BENEFICIARY

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| Mary E. Brown* | 214 Central Avenue
Muncie, Ind. 47303 | Niece | All |
| | | | |
| | | | |

2. How To Designate MORE THAN ONE BENEFICIARY

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| Alice M. Long | 503 Canal Street
Red Bank, N.J. 07701 | Aunt | 25% |
| Joseph P. Brady | 360 William Street
Red Bank, N.J. 07701 | Nephew | 25% |
| Catherine L. Rowe | 792 Broadway
Whiting, Ind. 48394 | Mother | 50% |

3. How To Designate A CONTINGENT BENEFICIARY

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| John M. Parrish, if living | 810 West 130th Street
New York, N.Y. 10033 | Father | All |
| Otherwise to: Susan A. Parrish | 810 West 130th Street
New York, N.Y. 10033 | Sister | All |

4. How To Designate DIFFERENT BENEFICIARIES FOR REGULAR AND OPTIONAL INSURANCE**

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| John D. Jones | 124 Elm Street
Dayton, Ohio 45420 | Son | All Regular Insurance |
| Jane M. Smith | 421 Spring Avenue
Portland, Maine 04101 | Niece | All Optional Insurance |

5. How To CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (see back of duplicate)

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary (including ZIP Code) | Relationship | Share to be paid to each beneficiary |
|---|--|--------------|--------------------------------------|
| Cancel prior designations | | | |
| | | | |
| | | | |

*Do not write name as M. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" as the beneficiary.

**Be sure that the shares to be paid to the beneficiaries add up to 100 percent.

***If you designate different beneficiaries for regular and optional insurance, you must specify the type of insurance for which each beneficiary is designated. (See back of duplicate.)

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

| | | | | |
|--------------------------------|---------|----------|----------------------------------|-------------------------|
| NAME (Last) | (First) | (Middle) | DATE OF BIRTH (month, day, year) | SOCIAL SECURITY NUMBER* |
| FOX, Jerome | | | | |
| EMPLOYING DEPARTMENT OR AGENCY | | | LOCATION (City, State, ZIP Code) | |

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

Jerome Fox

DATE

February 19, 1968

FOR EMPLOYING OFFICE USE ONLY

(official recording date stamp)

OFFICE OF PERSONNEL
FEB 21 10 32 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1
JANUARY 1968
(For use only until April 18, 1968)
176-101

SECRET


13 December 1973

Letter of Commendation

TO: Jerome Fox

1. I hereby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.


Chief of Station

SECRET

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE FORWARDED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

| | | | |
|--------------------------------------|---|------------------------------------|-----------------------------------|
| NAME OF EMPLOYEE (Last) | (First) | (Middle) | SERIAL SECURITY NUMBER |
| <i>For</i> | <i>Jerome</i> | | |
| 1. MARITAL STATUS (Check one) | | | |
| <input type="checkbox"/> SINGLE | <input checked="" type="checkbox"/> MARRIED | <input type="checkbox"/> SEPARATED | <input type="checkbox"/> DIVORCED |
| IF MARRIED, PLACE OF MARRIAGE | | | DATE OF MARRIAGE |
| | | | |
| IF DIVORCED, PLACE OF DIVORCE DECREE | | | DATE OF DECREE |
| | | | |

MEMBERS OF FAMILY

| | | | | |
|--|--|---------|--|---------------|
| 2. NAME OF SPOUSE | | | ADDRESS (No. Street City State Zip Code) | TELEPHONE NO. |
| | | | | |
| NAME OF FATHER (or male guardian) | | ADDRESS | | TELEPHONE NO. |
| <i>Deceased</i> | | | | |
| NAME OF MOTHER (including maiden name for female guardian) | | ADDRESS | | TELEPHONE NO. |
| <i>Deceased</i> | | | | |

HAVE MEMBERS OF YOUR FAMILY IF ANY, BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. *Brother*

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HMB 22-12). SPECIFY NAMES AND RELATIONSHIPS.

| NAME | DATE OF BIRTH | RELATIONSHIP |
|------|---------------|--------------|
| | | |

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

| | | | |
|-------------|--------------------------------------|----------|-----------------------|
| NAME (Last) | (First) | (Middle) | RELATIONSHIP |
| | | | <i>Friend</i> |
| HO | AGE | | HOME TELEPHONE NUMBER |
| | | | |
| BUS | LOCAL BUSINESS TELEPHONE & EXTENSION | | |
| | | | |

IS THE INDIVIDUAL NAMED ABOVE, OFFICER OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization to which you wish for.)

| | | |
|--|-----|-------------------------------------|
| <i>USAF</i> | YES | |
| | NO | <input checked="" type="checkbox"/> |
| IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) | YES | <input checked="" type="checkbox"/> |
| <i>Yes</i> | NO | |
| DID THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESS? (If answer is "No" explain why in item 6.) | YES | <input checked="" type="checkbox"/> |
| <i>Yes</i> | NO | |

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL
(When Filled In)

| | | |
|---|--|---|
| 5. VOLUNTARY ENTRIES | | |
| <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> | | |
| <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS, AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED:</p> <p><i>Northern Virginia Bank</i> </p> | | |
| <p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> | | |
| <p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | | |
| <p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p><i>Northern Virginia Bank</i>, </p> | | |
| <p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p> | | |
| <p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" who possess the power of attorney?)</p> | | |
| 6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS | | |
| | | |
| 7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY.
(No Approval Required) | | |
| <p>RESIDENCE WHEN EMPLOYED (Full Address)</p> | <p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p> | |
| 8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)
(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters) | | |
| <p>FULL ADDRESS</p> | <p>DEPUTY DIRECTOR OR DESIGNEE</p> | <p>DATE</p> |
| | <p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p> | <p>DATE</p> |
| <p>SIGNED AT</p> <p><i>Wash DC</i></p> | <p>DATE</p> <p><i>4 Oct 73</i></p> | <p>SIGNATURE</p> <p><i>James F. [Signature]</i></p> |

CONFIDENTIAL

SECRET

| FIELD ASSIGNMENT QUESTIONNAIRE | | | | |
|---|-------------------------------|---|--|----|
| DO NOT COMPLETE FOR HEADQUARTERS USE ONLY | | | | |
| NAME (include only if DA) | | DATE (from item 3-1) | NAME OF SUPERVISOR (if any) | |
| Gromu Fox | | 14 Mar 73 | George Kalaris | |
| DATE RECEIVED AT HEADQUARTERS | | DISPATCH NUMBER | DATE RECEIVED BY CAREER SERVICE | |
| 14 March 1973 | | FPMT-15218 | | |
| TO BE COMPLETED BY DEPLOYEE | | | | |
| 1. DATE OF BIRTH | 2. SERVICE DESIGN | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION ON BASE | 5. |
| | D | Ops Ofcr, GS-13 | | |
| 6a. DATE OF PCS ARRIVAL IN FIELD | 6b. DESIRED DATE OF DEPARTURE | 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE | |
| (2nd tour)
29 June 71 | 1 July 1973 | 1 August 1973 | 1 September 1973 | |
| 7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU | | | | |
| Wife; Dau - 13; Son - 12 | | | | |
| 8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT: | | | | |
| Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship. | | | | |
| 9. LIST YOUR MAJOR DUTIES DURING PRESENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 340-8) | | | | |
| Referent on MHABYSS matters 1 July 1972 to present.
Referent on MPWATCH matters prior to 1 July 1972.
Recruit and handle unilateral agents.
Backup liaison officer with official services.
Station PERAMPART officer. | | | | |
| 10. TRAINING DESIRED:
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS | | | | |
| None | | | | |

SECRET

| | |
|---|---|
| <p>11. PREFERENCE FOR NEXT ASSIGNMENT.</p> <p>11a. DESCRIBE BRIEFLY THE TYPE OF DUTY YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.</p> <p>Supervise field unilateral and [] MIABYSS program.</p> | |
| <p>11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.</p> <p><input checked="" type="checkbox"/> EXTEND YOUR <u>12</u> MONTHS AT CURRENT STATION TO <u>1 July 1974</u> (DATE)</p> <p><input type="checkbox"/> BE ASSIGNED TO DUTY FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, OFFICE, OR OFFICE.</p> <p>1ST CHOICE <u>FE</u> 2ND CHOICE <u>WH</u> 3RD CHOICE <u>FOR</u></p> <p><input type="checkbox"/> BE ASSIGNED TO DUTY. INDICATE CHOICE OF PROGRAMATIC AREA OR SPECIALIZATION.</p> <p>1ST CHOICE []</p> <p><input type="checkbox"/> RETURN TO MY CURRENT STATION.</p> | |
| <p>TO BE COMPLETED BY FIELD STATION.</p> <p>12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.</p> <p>I believe that Subject could make a contribution as a case officer at a station with an active MIABYSS program. He knows the subject well and can get along with LNAGON personnel. His other strength lies in Communist Party operations either as a handler of recruited assets or as an analyst of doctrine. In light of the foregoing, [] might well be an appropriate assignment. Should that not be practical, recommend that Subject be reassigned to HQs in a component where his strengths can be utilized. If assigned at HQs, he should be given the []</p> <p>TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE. (CONT'D)</p> | |
| <p>13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.</p> <p>Mr. Fox will be assigned to EA [] upon completion of his tour and home leave. He has been so advised.</p> | |
| <p>DATE <u>24 Jul 73</u> TITLE <u>C/EA/PERSONNEL</u> SIGNATURE <u>William H. Broughton</u></p> | <p>FOR USE BY CAREER SERVICE <u>Ernest L. Hardt</u></p> |
| <p>14. APPROVED ASSIGNMENT:</p> | |
| <p>15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____</p> <p>CABLE NO. _____ DATE: _____</p> | |
| <p>CAREER SERVICE REPRESENTATIVE: _____ DATE: _____</p> | |

SECRET

FRQ - Jerome Fox - 14 March 1973

Operations Review course and training in writing.

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

**FILE
PUNCHED**

TO: Office of Personnel, Transactions and Records Branch, Status Section

| | | | |
|---------------------------------|------------------------|----------------------------|-----------------------|
| SERIAL NO.

017974 | NAME | | |
| | LAST

FOX | FIRST

JEROME | MIDDLE

 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - PCS (Basic)
3 - CORRECTION
5 - CANCELLATION | 37 | 38-39 | 40-42 |
| 05 | 22 | 65 | | | | | 1 | | 575 |

TDY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | AREA(S) | CODE |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 2 - TDY (Basic)
4 - CORRECTION
6 - CANCELLATION | 37 | 38-39 | 40-42 |
| | | | | | | | | | |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

| | |
|-------------------------------------|---|
| TRAVEL VOUCHER | DISPATCH |
| CABLE | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) <i>Per Division</i> | |
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |

| | |
|----------------------|--------------------------------------|
| REMARKS | |
| | |
| PREPARED BY | REPORT ANNOTATED ON CONTROL DOCUMENT |
| DEC | DATE |
| C & L DIVISION, CTBB | SIGNATURE |
| C & T DIVISION | |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY**

TO: Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO. | NAME | | |
|------------|------|---------|--------|
| | LAST | FIRST | MIDDLE |
| 017974 | FOX | SEYMOUR | |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P
USE
ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - PCS (Basic)
3 - CORRECTION
5 - CANCELLATION | 37 | 38 | 39 | 40-42 |
| | | | 05 | 22 | 71 | | 1 | | | 575 |

TDY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P
USE
ONLY | AREA(S) | CODE |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - TDY (Basic)
4 - CORRECTION
5 - CANCELLATION | 37 | 38 | 39 | 40-42 |
| | | | | | | | | | | |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

| | |
|-----------------|---|
| TRAVEL VOUCHER | DISPATCH |
| CABLE | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | |

| | |
|----------------|----------------------|
| DOCUMENT IDENT | DOCUMENT DATE/PERIOD |
| | 4 May 1971 |

REMARKS

| | | | |
|----------------------|--|---------|-----------|
| PREPARED BY | REPORT APPROVED ON
CONTROL DOCUMENT | DATE | SIGNATURE |
| CCO | | 5/21/71 | |
| C & L DIVISION, CTR. | | | |
| C & L DIVISION | | | |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

| | | | |
|--|----------------------|----------------------------------|----------------------|
| NAME OF EMPLOYEE (use pseudo only if 34) | DATE (from item 5-D) | NAME OF SUPERVISOR (if any) | DATE (from item 5-2) |
| Jerome Fox | 5 Oct 1970 | George T. Kalaris | 5 Oct 1970 |
| DATE RECEIVED AT HEADQUARTERS: | DISPATCH NUMBER: | DATE RECEIVED BY CAREER SERVICE: | |
| 16 October 1970 | FPMT 13290 | 11 DEC 1970 | |

TO BE COMPLETED BY EMPLOYEE

| | | | | |
|----------------------------------|---------------------------------|---|--|----------------------------|
| 1. DATE OF BIRTH | 2. SERVICE DESIGN | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE | 5. CRYPT FOR CURRENT COVER |
| | D | Operations Officer
GS-13 | | |
| 6a. DATE OF PCS ARRIVAL IN FIELD | 6b. REQUESTED DATE OF DEPARTURE | 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE | |
| 22 May 1969 | 26 May 1971 | | 27 July 1971 | |

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)

- A. Recruit and handle unilateral agents.
- B. Conduct [redacted] as required.
- C. Provide advice and support for Station's [redacted] program.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None

SECRET

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

NA

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND TOUR 12 MONTHS AT CURRENT STATION TO 20 May 1972 (DATE)

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

☒ BE ASSIGNED TO _____ STATION
1ST CHOICE _____

☒ RETURN TO MY CURRENT STATION after home leave.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

I favor, strongly the return of Subject to this Station for a second tour of duty following home leave. He is handling one of the most complex fields of activity at this Station, one which is of a very high priority - the radical left in all its manifestations. Continuity and experience are essentials to any significant progress against this target. Returning Subject for a second tour of duty would give us both at a time when the radical left will be expanding and moving ahead towards its goals.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

The Division approves subject's request for home ^{leave} and return ☐

DATE 10 Dec 70 TITLE CFE SIGNATURE [Signature]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. FPMS-5948 DATED 10 Dec 70

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: [Signature] DATE: 14 Dec 70

SECRET

S E C R E T

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

S E C R E T

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
Fox Jerome

1. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY
28 Willow St. Brooklyn, N.Y.
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
Annapolis, Md.
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
509 Cockney Ct. Annapolis, Md.
 HOME LEAVE RESIDENCE
New York, N.Y.

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

2. MEMBERS OF FAMILY

NAME OF SPOUSE
 [Redacted]
 SEX
F
 DATE OF BIRTH
 [Redacted]

NAME OF YOUR FATHER (Or male guardian)
Deceased
 ADDRESS
Deceased
 TELEPHONE NO.
 NAME OF YOUR MOTHER (Or female guardian)
Deceased
 ADDRESS
Deceased
 TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.
None

3. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss, etc.)
 HOME ADDRESS
 BUSINESS ADDRESS
 IS THE INDIVIDUAL A MEMBER OF THE ORGANIZATION?
 YES ☐ NO ☒
 RELATIONSHIP
Bro - In - Law
 HOME TELEPHONE NUMBER
(411)
 EXTENSION

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" explain name and address of person, if any, who can make such decisions in case of emergency.)
333 Central Park West, New York, N.Y.

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)
 YES ☒ NO ☒

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Jerome Fox Northern Virginia Bank
Check-A-Lot Division
Springfield, Va.

Jerome Fox First National Bank of Arizona
Scottsdale, Ariz. A/c # 636 6462

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☒ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☒ YES ☐ NO

HAVE YOU COMPLETED AN ESTATEMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

Riverside Branch Lot Box No. 171

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☒ YES ☐ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes" who possess the power of attorney?)

Rockville, Md.

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

28 April 1969

Jerome Fox

CONFIDENTIAL

CONFIDENTIAL
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

Signature

Date _____

FOX, JEROME

CONFIDENTIAL

Group 1 - Excluded from automatic downgrading and declassification.

SECRET

SSA/DAS 67-2037

CC: 7-4476

16 OCT 1967

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT: Messrs. Jerome Fox and [redacted] -
Fourth Security Violation

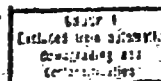
REFERENCE: HR 10-16

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

3. The officers concerned, Messrs. Jerome Fox and [redacted] are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable; all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET



SECRET

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.

signed/Joseph W. Smith

William E. Colby
Chief, Far East Division

Attachment
Proposed reprimands

* The recommendation contained
in paragraph 4 is APPROVED:

/s/ Cord Meyer, Jr.

Deputy Director for Plans

16 NOV 1967

Date

* The recommendation contained in para. 4 is approved; except that 3 days LWOP will be charged instead of the 2 days proposed.

SECRET

SECRET

Supplement to Staff Employee Personnel

Action [redacted] of JEROME FOX

Effective 21 November 1967

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [redacted] and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of [redacted] per annum,

[redacted] effective as of 21 November 1967.

You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of [redacted] in order to [redacted] of

that establishment. Your appointment to your [redacted] is being effected at [redacted] and salary of [redacted]

You are prohibited, except as specifically authorized herein, from retaining emoluments paid [redacted]

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty [redacted]. Currently, your prescribed tour consists of a period of 2 years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour

[redacted] If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is [redacted] will normally be at the direction of your [redacted]. Such travel will be accomplished in conformance with applicable regulations [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances [redacted] shall be retained by you to the extent that they are less than or equal to [redacted].

If such [redacted] are less than the amount due, the difference will be credited to your payroll account with this organization. If such [redacted] exceed the amount due, the overage will be remitted to this organization at designated intervals, presently [redacted]. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve [redacted].

a. [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of [redacted] your salary from this organization, whichever is the greater.

b. [redacted] necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty [redacted] at the request of this organization.

SECRET

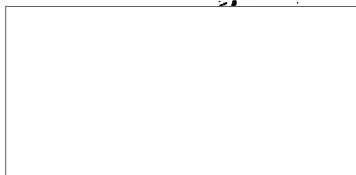
SECRET

e. All annual and sick leave which is accrued to your credit

[redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of [redacted] in lieu of the leave benefits of this organization. Upon completion of [redacted] your accrued annual and sick leave will be [redacted] with this organization. If security conditions require that [redacted] make a lump-sum payment for accrued annual leave, you will be required [redacted] including any income taxes withheld [redacted]

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT



ACCEPTED:

JEROME FOX

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

C 515/3 80111

TO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Do not include only if SA) DATE (from item 5-1) NAME OF SUPERVISOR (if any) DATE (from item 5-2)

Jerome Fox

7 Feb 66

3 Mar 66

DATE RECEIVED AT HEADQUARTERS:

DISPATCH NUMBER:

DATE RECEIVED BY EMPLOYEE SERVICE:

11 Mar 66

EVST 11617

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH 2. SERVICE DESIGN 3. YOUR CURRENT POSITION, TITLE AND GRADE 4. STATION OR BASE 5. CRYPT FOR CURRENT COVER

D

XX

GS-12 Ops Officer

Saigon

6. DATE OF PCS ARRIVAL IN FIELD

7. REQUESTED DATE OF DEPARTURE

8. EXPECTED DATE OF FIRST CHECK-IN AT HQ

9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE

29 Dec 1964

9 July 1966

15 August 1966

10 September 1966

10. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

3 - 35, 6, 5

11. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

No unaccompanied assignment

12. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSF-P 240-8)

operations - penetration communist organizations

Unilateral operations -

13. TRAINING DESIRED:

INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

CI course

SECRET

| | |
|--|--|
| 11. PREFERENCE FOR NEXT ASSIGNMENT: | |
| 11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE. | |
| Unilateral operations | |
| 11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR. | |
| <input type="checkbox"/> | EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE) |
| <input type="checkbox"/> | BE ASSIGNED TO HQ/TRA FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____ |
| <input checked="" type="checkbox"/> | BE ASSIGNED
1ST CHOICE _____ STATION _____ |
| <input type="checkbox"/> | RETURN TO MY CURRENT STATION |
| TO BE COMPLETED BY FIELD STATION | |
| 12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING. This man has completed a tour separated from his family and has performed competently in which he has done an outstanding job. Believe he would profit by the CI course and another field tour a post where he can be with his family. | |
| TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE | |
| 13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.
PE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly. | |
| DATE 03/24/68 | TITLE C/PE/Trs SIGNATURE _____ |
| FOR USE BY CAREER SERVICE | |
| 14. APPROVED ASSIGNMENT: Assigned to PE/Trs | |
| 15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____
CABLE NO. _____ DATED: _____ | |
| CAREER SERVICE REPRESENTATIVE: _____ DATE: 03/27/68 | |

SECRET

41

C O N F I D E N T I A L

MEMORANDUM FOR: JS Career Management Committee

SUBJECT: Recommendation for Promotion of Mr. Jerome Fox
from GS-12 to GS-13

1. The Vietnam Station has recommended the promotion of Mr. Jerome Fox from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. Mr. Fox was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station. During the first year he was assigned to a variety of jobs, all of which he approached with vigor and capability. These included [redacted] responsibilities.

He has also engaged in unilateral agent activities; he has developed, recruited and managed [redacted] unilateral agents, and plans to attempt the recruitment of [redacted] prior to his departure. During the last period of his duty, Subject has concentrated on the development and progress of a sensitive FI/CI activity concerned with a [redacted]. He initiated this project, and has since managed it in such a manner that it has evolved into a unilateral project with considerable potential. During the course of his tour, the case officer was also charged with the implementation of an activity designed to bring about the [redacted].

While this did not come to fruition, Subject approached this difficult task with a measurable degree of initiative and energy.

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66)

Chief, [redacted]

Branch

C O N F I D E N T I A L

CONFIDENTIAL

28 MAR 1967

MEMORANDUM FOR: Chief, FE Division DD/P

SUBJECT : Security Violation - Open Safe
FOX, Jerome
(FOURTH VIOLATION)

1. An investigation by this Office has determined that Mr. Fox, assigned to your Division, was responsible for an Open Safe security violation which occurred on 9 March 1967.

2. The records of this Office indicate that Mr. Fox has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966. In view of the fact that there have not been two consecutive years without a violation since 28 May 1964, this is to be considered Mr. Fox's fourth security violation for administrative action as specified in Section (e) of CIA Headquarters Regulation 10-1.

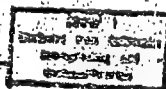
3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

E. J. ZANE
for Samuel P. Gelsa
Deputy Director of Security (PTOS)

Att
Violation Report

cc: Deputy Director for Plans
Director of Personnel

CONFIDENTIAL



CONFIDENTIAL

SECURITY VIOLATION REPORT

DETAILS OF VIOLATION:

On 9 March 1967, at 7:29 p.m., USSP Poag reported finding Safe No. D-1480 improperly secured in Room 5C-35, Headquarters Building. Security Duty [redacted] responded and determined that:

1. both drawers were found closed but unlocked;
2. the safe was opened by merely depressing the hand latch;
3. the safe contained material classified through SECRET;
4. the char force had not been in the area prior to this discovery.

SDC [redacted] changed the combination and secured the safe at 8:30 p.m.

INVESTIGATIVE FACTS:

Mr. Jerome Fox, the custodian of the safe, accepted full responsibility for this occurrence when interviewed in his office on 10 March. Mr. Fox stated that he obviously failed to secure the safe due to the fact that he had no reason to believe anyone else would have opened it subsequent to his departure at 6:00 p.m. (NOTE: The safe was left improperly secured for approximately 90 minutes.) It should be noted that Mr. Fox had signed for the security check of his area.

CONCLUSION:

In view of the above circumstances, Mr. Fox is charged with an Open Safe security violation.

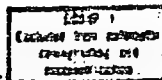
SECURITY HISTORY:

Mr. Fox has been employed by the Agency since June 1955. A review of his record indicates that he has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966.

William S. Wilkinson
WILLIAM S. WILKINSON
Chief, Survey Branch

[redacted]
Investigator

CONFIDENTIAL



REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR Mr. JEROME FOX, American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

Mr. JEROME FOX is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period of service in Vietnam, Mr. JEROME FOX devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of Mr. JEROME FOX helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

Mr. JEROME FOX's spirit of mutual aid merits praise and remembrance.

Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY



HÀNG TUYÊN DƯƠNG CÔNG TRẠNG

về Ông Jerome Fox, Phó-trí-viên Hoa-ý cảnh Khố
Cảnh-Sát Lục-Biệt Tổng Nha Cảnh-Sát Quốc-Gia được
ăn thưởng Lộc tam đẳng Cảnh-sát danh-dự Bộ-tỉnh do
do Nghị-định số 1744-NĐ/HP/VP ngày 24 tháng 9 năm 1966.

Ông Jerome Fox là một Phó-trí-viên ưu-tú và là
Người bạn chân-thành của ngành Cảnh-Sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, Ông Jerome
Fox đã đem hết khả năng, kinh-nghiệm và thiện-chí giúp đỡ Khố
Cảnh-sát Lục-biệt, nhất là trong công tác đặt lữai tỉnh bảo
nhận dân.

Sự tận tâm và lòng nhiệt thành của Ông Jerome Fox
đã giúp cho ngành Cảnh-sát Quốc-gia thân đạt được nhiều kết-
quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự
tại Lũ-thành Saigon.

Tinh-thần tương-trợ của Ông Jerome Fox đáng được
khôn ngừi và ghi nh.

Saigon, ngày 24 tháng 9 năm 1966
CHỦ-TỊCH ỦY-BAN HÀNH-PHÁP TRUNG-ƯƠNG,



TH. L. NGUYỄN CAO KỶ

REPUBLIC OF VIETNAM
OFFICE OF THE CHAIRMAN
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by
Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of
the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 14 June 1965 which was supple-
mented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces
Council of the Republic of Vietnam which established and fixed the
composition of the National Leadership Council;

Reference Decree No. 001-a/CT/LDQG/SL of 19 June 1965 and all suc-
ceeding documents which established and set the composition of the
Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which
created two types of medals, the Police Service Medal and the Honorary
Police Medal;

Reference Decree No. 001-CT/LDQG/SL of 21 January 1966 which
fixed the methods of awarding the medals mentioned above,

DECREE

Article One. Now the Third Class Honorary Police Medal is
awarded to Mr. JAMES FOX, American counterpart to the Police Special
Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the
Administrative Assistant in the Office of the Chairman of the Central
Executive Committee will assume the responsibility for implementing
the Decree.

Saigon, 24 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HÒA

Phủ Chủ-Tịch
Ủy-Ban Hành-Pháp Trung-Uống

Số 1744-ND/HP/VP.

Chức Vụ
Ủy-Ban Hành-Pháp Trung-Uống

Chiếu theo: Lập ngày 19 tháng Sáu năm 1965 bổ-túc bởi quyết-định số 6-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lộ Việt-Nam Cộng-Hòa ;

Chiếu quyết-định số 3-LV/CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-túc bởi quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lộ Việt-Nam Cộng-Hòa thành-lập và an-định thành-phần Ủy-Ban Lãnh-Dụo Quốc-Gia ;

Chiếu sắc-lệnh số 001-a/CT/LHQ/SL ngày 19 tháng Sáu năm 1967 và các văn-khẩu kế-tiếp thành-lập và an-định thành-phần Ủy-Ban Hành-Pháp Trung-Uống ;

Chiếu sắc-lệnh số 000-CT/LHQ/SL ngày 6 tháng Sáu năm 1967 thiết-lập hai loại huy-chương "Cảnh-Sát Chiến-Công Lợi-Tinh" và "Cảnh-Sát Dành-Dự Đại-Tinh" ;

Chiếu nghị-định số 001-CT/LHQ/HĐ ngày 21 tháng Giêng năm 1966 an-định thoả-thức cấp thưởng các huy-chương kể trên,

H Ơ Ơ I - D Ị Ị Ị :

Điều thứ nhất. - Hay an-thưởng Độ-tam đẳng Cảnh-Sát Dành-Dự Đại-Tinh cho Ông JEROME FOX, Phó-tri-viên Hoa-Kỳ cạnh Khối Cảnh-Sát Đặc-biệt Tổng Mưu Cảnh-Sát Quốc-Gia.

Điều thứ 2. - Tổng-Ủy-Viên An-Ninh và Phụ-Tá Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Uống, chiếu nhiệm-vụ, lệnh thi-hành nghị-định này.

Saigon, ngày 24 tháng 9 năm 1966



[Handwritten signature]

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE | | | OFFICE/COMPONENT |
|----------------------|------------------------|-------------|----------|--------------------|
| | LAST | FIRST | MIDDLE | |
| 1-8
017974 | (Print)
FOX, | JERO | Z | 25-26
45 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (ONE ONLY). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | CODE | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT |
|------------------|------|---------|-------|-------|-----------|-------|-------|----------|-------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - PCS (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | VIET NAM | 40-42 |
| 3 - CORRECTION | | | | | | | | | |
| 5 - CANCELLATION | 1 | | | | 07 | 11 | 66 | | 7-22 |

TDY DATES OF SERVICE

| TYPE OF DATA | CODE | DEPARTURE | | | RETURN | | | AREA(S) | OMIT |
|------------------|------|-----------|-------|-------|--------|-------|------|---------|------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 2 - TDY (Basic) | 27 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | | 40-42 | |
| 4 - CORRECTION | | | | | | | | | |
| 6 - CANCELLATION | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | | |
|------------------|-------------------------------------|---|
| TRAVEL VOUCHER | <input checked="" type="checkbox"/> | DISPATCH |
| CABLE | <input type="checkbox"/> | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify): | | |

| | |
|---|--|
| DOCUMENT IDENTIFICATION NO.
<div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px;"></div> | DOCUMENT DATE/PERIOD
7-14-66 |
|---|--|

REMARKS

| | | |
|------------------------|-------------------------------------|---|
| PREPARED BY RJB | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| DATE 7-21-66 | SIGNATURE | |

FORM 1451a USE PREVIOUS EDITIONS

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters.

| EMPLOYEE SERIAL NO.
1-8 | NAME OF EMPLOYEE | | | OFFICE/COMPONENT
29-38 |
|----------------------------|------------------|--------|--------|---------------------------|
| | LAST
(Print) | FIRST | MIDDLE | |
| 19974 | FOX, | JEROME | | 45 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION. (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA
1 - PCS (Basic)
3 - CORRECTION
5 - CANCELLATION | CODE
27 | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT
40-42 |
|---|------------|----------------|--------------|---------------|----------------|--------------|---------------|----------|---------------|
| | | MONTH
28-29 | DAY
30-31 | YEAR
32-33 | MONTH
34-35 | DAY
36-37 | YEAR
38-39 | | |
| | 1 | 12 | 29 | 64 | | | | VIET NAM | 772 |

TDY DATES OF SERVICE

| TYPE OF DATA
2 - TDY (Basic)
4 - CORRECTION
6 - CANCELLATION | CODE
27 | DEPARTURE | | | RETURN | | | AREA(S) | OMIT
40-42 |
|---|------------|----------------|--------------|---------------|----------------|--------------|---------------|---------|---------------|
| | | MONTH
28-29 | DAY
30-31 | YEAR
32-33 | MONTH
34-35 | DAY
36-37 | YEAR
38-39 | | |
| | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|-----------------|--|
| TRAVEL VOUCHER | <input checked="" type="checkbox"/> DISPATCH |
| CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | |

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

31 Dec 64

REMARKS

| | | |
|----------------|-------------------------------------|---|
| PREPARED BY: | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| D & I DIVISION | DATE | SIGNATURE |
| C & T DIVISION | 17 Jan 65 | |

FORM 1451a USE PREVIOUS EDITIONS.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

| EMPLOYEE SERIAL NO.
<small>1-6</small> | NAME OF EMPLOYEE | | | OFFICE/COMPONENT
<small>10-20</small> |
|---|--------------------------------|------------------------------|--------|--|
| | LAST
<small>(Print)</small> | FIRST
<small>7-14</small> | MIDDLE | |
| 17974 | Fox | Jerome | | 45 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | CODE | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT |
|------------------|------|---------|-------|-------|-----------|-------|-------|---------|-------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - PCS (Basic) | 97 | 08-20 | 30-31 | 38-39 | 24-25 | 36-37 | 38-39 | | 40-42 |
| 2 - CORRECTION | | | | | | | | | |
| 3 - CANCELLATION | 1 | | | | 09 | 23 | 62 | JAPAN | 375 |

TOY DATES OF SERVICE

| TYPE OF DATA | CODE | DEPARTURE | | | RETURN | | | AREA(S) | OMIT |
|------------------|------|-----------|-------|-------|--------|-------|-------|---------|-------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - TOY (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | | 40-42 |
| 2 - CORRECTION | | | | | | | | | |
| 3 - CANCELLATION | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|-----------------|---|
| TRAVEL VOUCHER | DISPATCH |
| CABLE | <input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | |

| | |
|---|---|
| DOCUMENT IDENTIFICATION NO.

FORM - 764 | DOCUMENT DATE/PERIOD

2 Sept - 23 Sept 62 |
|---|---|

| |
|---------|
| REMARKS |
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| | | |
|------------------|-------------------------------------|---|
| PREPARED BY | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT. BASED UPON SOURCE DOCUMENT CITED |
| FISCAL DIVISION | DATE
16 OCT 1962 | SIGNATURE |
| FINANCE DIVISION | | |

SECRET

101

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE

HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (Type)

FOX, JEROME

DATE (From item 1)

Jan 1962

NAME OF SUPERVISOR (Type)

DATE (From item 2)

Jan 1962

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

DATE

12 Feb 1962

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH

2. GRADE

3. CURRENT POSITION TITLE

GS-12

4. SERVICE DESIGNATION (If known)

5. CURRENT STATION OR FIELD BASE

NA

Tokyo Station

6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR

NA

7. EXPECTED DATE OF DEPARTURE

September 1962

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering [redacted] b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [redacted] pertaining to KUCHAP interests, as directed by the Chief, [redacted]

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 4, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Language Training

SECRET

D. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

☐ RETURN TO MY CURRENT STATION ☒ BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF 24TH

☒ BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE:

2ND CHOICE:

3RD CHOICE:

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?
30 days

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:
Three: 32, 30 months, 18 months

12. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

In view of this officer's field experience and his competent performance in the Japan area, his continued assignment to a field station would soon to be in the best interests of KUBARK.

14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.
TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

FE Division concurs.

"The staffing plans of St/FM call for the assignment of Mr. Fox to analytical duties on his return to Headquarters in the fall of 1962."

16. NAME OF SUPERVISOR:

TITLE:

Personnel Officer, ORR

20 March 1962

17. REMARKS (additional comment):

Mr. Fox was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962.

21 MAR

Acting Secretary, ORR Career Service Board

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

| EMPLOYEE SERIAL NO.
1-8 | NAME OF EMPLOYEE | | | OFFICE/COMPONENT
29-38 |
|----------------------------|------------------|--------|--------|---------------------------|
| | LAST
(Print) | FIRST | MIDDLE | |
| 17974 | FOX | JEROME | | 18 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | CODE | ARRIVAL | | | DEPARTURE | | | COUNTRY | UNIT |
|------------------|------|---------|-------|-------|-----------|-------|-------|---------|-------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - PCS (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | JAPAN | 40-42 |
| 3 - CORRECTION | | | | | | | | | |
| 5 - CANCELLATION | 1 | 09 | 04 | 59 | | | | | 375 |

TDY DATES OF SERVICE

| TYPE OF DATA | CODE | DEPARTURE | | | RETURN | | | AREA(S) | UNIT |
|------------------|------|-----------|-------|-------|--------|-------|-------|---------|------|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 2 - TDY (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | 40-42 | |
| 4 - CORRECTION | | | | | | | | | |
| 6 - CANCELLATION | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|--|---|
| <input type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH |
| <input type="checkbox"/> CABLE | <input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify) | |

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

10 AUG. - 5 SEP. 59

REMARKS

| | | |
|------------------|-------------------------------------|---|
| PREPARED BY | REPORT ANNOTATED ON SOURCE DOCUMENT | ADDITIONAL DATA VERIFIED CORRECT, BASED UPON SOURCE |
| FISCAL DIVISION | DATE 21 APR. 60 | SIGNATURE |
| FINANCE DIVISION | | |

FORM 1451a 300,000 PREVIOUS EDITIONS

SECRET

(4-10)

Office of Training
Training Report

Assistant Training Officer, Mr. [redacted]
40 hours, 50 Oct. - 3 Nov. 1961

6 students

Student: Fox, Jerome

Year of Birth: [redacted]

EOB Date: June 1955

Grade: 11

Officer: Orr, [redacted]

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.
2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussions; principles of lesson planning; all based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and rated by his classmates and the instructor. Over half of the students' course time was spent in practical experiences.

ACHIEVEMENT REVIEW

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises. Mr. Fox has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course, Mr. Fox needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students, Mr. Fox should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING: [redacted]

9 NOV 1961

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

| | | | |
|--|----------------------------------|---------------------------|-------------------------------|
| DO NOT COMPLETE | | FOR HEADQUARTERS USE ONLY | |
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW: | | | |
| NAME OF EMPLOYEE (SPNO) | DATE (from item 1) | NAME OF SUPERVISOR (LINE) | DATE (from item 2) |
| Jerome Fox | 21 March 1961 | | 21 March 1961 |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: | | DATE | |
| | | | |
| TO BE COMPLETED BY EMPLOYEE | | | |
| 1. DATE OF BIRTH | 2. GRADE | 3. CURRENT POSITION TITLE | |
| | GS-11 | Identification Specialist | |
| 4. SERVICE DESIGNATION (if known) | 5. CURRENT STATION OR FIELD BASE | | |
| NA | Tokyo Station | | |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR | | | 7. EXPECTED DATE OF DEPARTURE |
| NA | | | October 1961 |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form): | | | |
| <p>a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering [redacted] b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [redacted] pertaining to KUCHAI interests, as directed by the Chief, SIS, Tokyo.</p> | | | |
| 9. PREFERENCE FOR NEXT ASSIGNMENT: | | | |
| <p>A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.</p> <p>SAME</p> | | | |
| <p>B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).</p> <p>Language Training</p> | | | |

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

10. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:
Three, 51, 23 months, 8 months

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:
EE Division recommends subject be reassigned by the IE Career Board.
Headquarters recommends extension of tour for another year.

14. NAME OF SUPERVISOR: [Redacted]
15. SIGNATURE: [Redacted]
16. DATE: [Redacted]
17. REMARKS (additional comments): [Redacted]

SECRET

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance, *Jerome Fox*

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, Tokyo Station.

2. As stated in Paragraph 4 of the Tokyo Station Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of \$167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.

3. The balance referred to above is computed as follows:

| | |
|--|-----------------|
| 8 December 1960 - Travel advance | \$500.00 |
| 22 March 1961 - Accounting for travel for period 10-18 December 1960 | 332.38 |
| Balance Outstanding | <u>\$167.62</u> |

4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed [] that he was to refund the balance no later than COB 17 April 1961.

5. []'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.

6. After further discussion between [] and the undersigned, TOKY [] were sent to Headquarters requesting an immediate transfer of \$167.62 from subject's Credit Union account to Finance Division for T/A to Tokyo Station.

7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

[]
Finance Officer

Distribution

- 1 - PERS
- 2 - FIN
- 1 - A/DOPS

SECRET

TSS/PB/TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME Jerry P. J. DIV. CR BR. 1A DATES TRAINED: from 27 June to 17 July '77

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

| | None | Unsat | Fair | Good | Excellent | Superior |
|--|------|-------|------|------|-----------|----------|
| I. Manipulation of camera. | | | | | | |
| a. Leica | | | | X | | |
| b. Retina II C | X | | | | | |
| c. Recordak | | | | X | | |
| II. Processing and printing. | | | | | | |
| a. Film loading | | | | X | | |
| b. Film processing | | | | X | | |
| c. Enlarging | | | | X | | |
| d. Reflex and contact printing | | | | | X | |
| III. Use of accessory equipment. | | | | | | |
| a. Exposure meter | | | | X | | |
| b. Filters | X | | | | | |
| c. Telephoto and wide angle lenses | | | | X | | |
| IV. Document copy and small objects. | | | | | | |
| a. Available light | X | | | | | |
| b. Accessory illumination | | | | X | | |
| c. BOOWU, porta lens, focus slide | | | | X | | |
| V. Ground photography. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | X | | | | | |
| VI. Casing. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VII. Surveillance. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| VIII. Special problems. | | | | | | |
| a. Coverage | | | | | | |
| b. Report | | | | | | |
| General quality of prints | | | | X | | |
| Choice of subject matter | | | | X | | |
| Quality of darkroom work (Cleanliness, etc.) | | | | X | | |
| Attitude toward subject matter | | | | X | | |
| Cooperation | | | | | X | |

REMARKS:

Mr. Fox met the course objectives and completed all of the course assignments for the two weeks he attended with average results.

Overcoming some difficulty at the outset, Mr. Fox soon overcame many of his problems in the two week time. He demonstrated an eagerness to learn, by asking to be checked out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED
C/TSS/TO

Instructor

SECRET
(When Filled In)

| PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT | | THIS DATE |
|---|--|---|
| INSTRUCTIONS | | |
| <p>This form provides the space whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.</p> | | |
| SECTION I | | |
| GENERAL | | |
| 1. FULL NAME (Last-First-Middle)
Fox Jerome | | |
| 2. CURRENT ADDRESS (No., Street, City, Zone, State) | | 3. PERMANENT ADDRESS (No., Street, City, Zone, State) |
| 4. HOME TELEPHONE NUMBER | | 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE |
| SECTION II | | |
| PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | |
| 1. NAME (Last-First-Middle); preferably residing in U.S. | | 2. RELATIONSHIP |
| 3. HOME ADDRESS (No., Street, City, Zone, State, Country) | | Aunt |
| 4. DO | | |
| 5. HOME TELEPHONE NUMBER
HO 9-3173 | | 6. BUSINESS TELEPHONE NUMBER |
| | | 7. BUSINESS TELEPHONE EXTENSION |
| 8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. | | |
| SECTION III | | |
| MARITAL STATUS | | |
| 1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED | | |
| 2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS | | |
| SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancée. | | |
| 3. NAME (First) (Middle) (Maiden) (Last) | | |
| 4. DATE OF MARRIAGE 2 Sept. 1956 5. PLACE OF MARRIAGE (City, State, Country) New York, N.Y. | | |
| 6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) | | |
| 7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 8. DATE OF DEATH 9. CAUSE OF DEATH | | |
| 10. CURRENT ADDRESS (Give last address, if deceased) | | |
| 11. DATE OF BIRTH 11 June 1930 12. PLACE OF BIRTH (City, State, Country) Jackson, Tenn. | | |
| 13. IF BORN OUTSIDE U.S., DATE OF ENTRY 14. PLACE OF ENTRY | | |
| 15. CITIZENSHIP (Country) 16. DATE ACQUIRED 17. WHERE ACQUIRED (City, State, Country) | | |
| 18. OCCUPATION Housewife 19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) | | |
| 20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) | | |

SECTION III CONTINUED TO PAGE 2

FORM 444b USE PREVIOUS EDITIONS.
10-57

SECRET

SECRET
(When Filled In)

SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

| NAME OF INSTITUTION | ADDRESS (City, State, Country) |
|-----------------------------|--------------------------------|
| National Bank of Washington | Wash. D.C. |
| Old Dominion | Arlington, Va |
| | |
| | |

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?

YES

☒ NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP

2. CITIZENSHIP ACQUIRED BY - CHECK (A) ONLY

☐ BIRTH

☐ MARRIAGE

☐ OTHER (Specify)

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (Filing papers, etc.)

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

☐ LESS THAN HIGH SCHOOL GRADUATE

☐ OVER TEN YEARS OF COLLEGE - NO DEGREE

☐ HIGH SCHOOL GRADUATE

☐ BACHELOR'S DEGREE

☐ TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE

☐ GRADUATE STUDY LEADING TO HIGHER DEGREE

☐ TWO YEARS COLLEGE OR LESS

☐ MASTER'S DEGREE

☐ DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY

SUBJECT

DATES ATTENDED

DEGREE REC'D

DATE REC'D

STATUS AND COMPLETED (Specify)

MAJOR

MINOR

FROM

TO

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL

STUDY OR SPECIALIZATION

DATES ATTENDED

FROM

TO

TOTAL CREDITS

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL

STUDY OR SPECIALIZATION

DATES ATTENDED

FROM

TO

TOTAL CREDITS

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1951

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

| | | | |
|-------------|---------|----------|----------------------------------|
| NAME (Last) | (First) | (Middle) | DATE OF BIRTH (Month, day, year) |
| FOX | JEROME | | |

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

| | | |
|------------------------|----------|------------|
| (Department or agency) | (Bureau) | (Division) |
|------------------------|----------|------------|

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Cancel prior designations | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

August 30, 1956

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

| | | |
|------------------------|---------------------|---------------------------------|
| (Signature of witness) | (Number and street) | (City, town, county, and State) |
| | | |
| (Signature of witness) | (Number and street) | (City, town, county, and State) |
| | | |

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Jerome Fox

THIS SPACE RESERVED FOR RECEIVING AGENCY

MAIL ROOM

SEP 31 11 27 AM '56

IF INSURED AS AN EMPLOYEE, SEND BOTH COPIES TO THE PAYROLL OFFICE IN THIS BUREAU. COPIES WILL BE MAILED AND RETURNED. IF INSURED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON, D. C. COPIES WILL BE MAILED AND RETURNED.

IMPORTANT.--The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate ONE BENEFICIARY

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Mary E. Brown* | 214 Central Avenue, Muncie, Ind. | Niece | All |
| | | | |
| | | | |

How To Designate MORE THAN ONE BENEFICIARY

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Alice M. Long | 509 Canal Street, Red Bank, N. J. | Aunt | One-fourth** |
| Joseph P. Brady | 360 Williams Street, Red Bank, N. J. | Nephew | One-fourth |
| Catherine L. Rowe | 792 Broadway, Whiting, Ind. | Mother | One-half |

How To Designate A CONTINGENT BENEFICIARY

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| John M. Parrish, if living | 810 West 180th Street, New York, N. Y. | Father | All |
| Otherwise to: Susan A. Parrish | 810 West 180th Street, New York, N. Y. | Sister | All |

How To CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Cancel prior designations. | | | |
| | | | |
| | | | |

*Do not write names as M. E. Brown as Mrs. John H. Brown.

**Be sure that the share to be paid to the contingent beneficiary will be 100 percent.

16-7084-1

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall
FROM : Chief, Records and Services Division
SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:

Box, Jerome

Date 21 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch
Room 187
Curie Hall

Joseph S. Reff
JOSEPH S. REFF

CONFIDENTIAL

APPOINTMENT AFFIDAVITS

IMPORTANT.— Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Source or division)

(Place of employment)

I, Jerome Fox, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

15 June 1955

(Date of entrance on duty)

Jerome Fox

(Signature of appointee)

Subscribed and sworn before me this 15th day of June, A. D. 1955

at Washington, D.C.

(City)

(State)

[SEAL]

NOTE.— If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

| 1. PRESENT ADDRESS (street and number, city and State) NASH, D.C. | | | | |
|--|---|---|--------------|--|
| 2. (A) DATE OF BIRTH | | 2. (B) PLACE OF BIRTH (city or town and State or country) BROOKLYN, N.Y. | | |
| 3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY | | 3. (B) RELATIONSHIP Brother | | 3. (C) STREET AND NUMBER, CITY AND STATE |
| 3. (D) TELEPHONE NO. EL 5-7219 | | | | |
| 4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| If no, for each such relative fill in the blanks below. If additional space is necessary, complete under item 10. | | | | |
| NAME | POST OFFICE ADDRESS (One street number, if any) | (1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP | MAR. RHD (Check one) |
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Standard Form No. 64
September 1954
U. S. Civil Service Commission
F. P. M. Chapter 21

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

| | | | |
|---|---------|----------|----------------------------------|
| NAME (Last) | (First) | (Middle) | DATE OF BIRTH (Month, day, year) |
| FOX | TEROME | | |
| DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number): | | | |
| CIA | | | |
| (Department or agency) | | (Bureau) | (Division) |

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| | | Brother | ALL |
| | | | |
| | | | |
| | | | |

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death. I hereby specifically reserve the right to cancel or change my Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

JUNE 15, 1955

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

| | |
|---|--|
| PRINT OR TYPE NAME AND ADDRESS OF INSURED | THIS SPACE RESERVED FOR RECEIVING AGENCY |
| TEROME FOX | Rec'd Off. of Personnel
6/15/55 |
| | |
| | |
| | |

IF ISSUED AS AN EMPLOYEE, GIVE BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY. DUPLICATE WILL BE NOTED AND RETURNED. IF ISSUED AS AN ANNUITANT, GIVE BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D. C.—DUPLICATE WILL BE NOTED AND RETURNED.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Mary E. Brown* | 214 Central Avenue, Muncie, Ind. | Niece | All |
| | | | |
| | | | |

How To Designate More Than One Beneficiary

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Alice M. Long | 509 Canal Street, Red Bank, N. J. | Aunt | One-fourth |
| Joseph P. Brady | 360 Williams Street, Red Bank, N. J. | Nephew | One-fourth |
| Catherine L. Rowe | 792 Broadway, Whiting, Ind. | Mother | One-half |

How To Designate A Contingent Beneficiary

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| John M. Parrish, if living | 810 West 180th Street, New York, N. Y. | Father | All |
| Otherwise to: Susan A. Parrish | 810 West 180th Street, New York, N. Y. | Sister | All |

How To Cancel A Designation of Beneficiary so That Amount Due Will Be Payable as Provided in the Law

| Type or print first name, middle initial, and last name of each beneficiary | Type or print address of each beneficiary | Relationship | Share to be paid to each beneficiary |
|---|---|--------------|--------------------------------------|
| Cancel prior designations | | | |
| | | | |
| | | | |

*Do not write name as M. E. Brown or as Mrs. John H. Brown.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I—EMPLOYEE'S STATEMENT

1. NAME (Last, first, middle initial)

Fox, Jerome

2. DATE OF BIRTH

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

| NAME AND LOCATION OF AGENCY | FROM— | | | TO— | | | TYPE OF APPOINTMENT IF KNOWN |
|-----------------------------|-------|-------|-----|------|-------|-----|------------------------------|
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | |
| CIA | 55 | 6 | 15 | | | | |

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

| BRANCH | FROM— | | | TO— | | | DISCHARGE (Hon. or dishon.?) |
|-----------|-------|-------|-----|------|-------|-----|------------------------------|
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | |
| U.S. ARMY | 1952 | NOV | 17 | 1954 | NOV | 16 | HON. |

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION:

| TYPE OF ABSENCE (LWOP, Phil. Serv., AWOL, Mat. Mat.) | FROM— | | | TO— | | | TOTAL | | |
|--|-------|-------|-----|------|-------|-----|-------|--------|------|
| | YEAR | MONTH | DAY | YEAR | MONTH | DAY | YEARS | MONTHS | DAYS |
| | | | | | | | | | |

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? ☐ YES ☒ NO
(If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU:

- A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☒ NO
B. THE WIFE OF A DECEASED OR DISABLED VETERAN? ☐ YES ☒ NO
C. THE UNDECEASED WIDOW OF A VETERAN? ☐ YES ☒ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

15 June 1955
(DATE)

Subscribed and sworn to before me on this 15th day of June 1955 at Washington, D.C.
(MONTH) (YEAR) (CITY) (STATE)

SEAL

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE

9. RETENTION GROUP

10. CSC STATUS (For permanent employees only)

☐ YES ☒ NO

11. SERVICE

YEAR MONTH DAY

2 00 00
1 1 29

12. TOTAL SERVICE

1 1 29

13. NONCREDITABLE SERVICE (Leave purposes only)

14. NONCREDITABLE SERVICE (RIF purposes only)

15. EMPLOYMENT RIGHTS

☐ YES ☒ NO

16. RETENTION RIGHTS

☐ YES ☒ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

(OVER)

**PART III.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
LEAVE PURPOSES**

TOTAL SERVICE (Item 13)

NONCREDITABLE SERVICE (Item 13)

CREDITABLE SERVICE (Leave purposes)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (Leave purposes)

SERVICE COMPUTATION DATE (Leave purposes)

| YEARS | MONTHS | DAYS |
|-------|--------|------|
| | | |
| | | |
| | | |
| 5 | 5 | 45 |
| 1 | 1 | 29 |
| 54 | 4 | 16 |

*revised
1/11/57*

**PART IV.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction
in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 13)

NONCREDITABLE SERVICE (Item 14)

CREDITABLE SERVICE (RIF purposes)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (RIF purposes)

SERVICE COMPUTATION DATE (RIF purposes)
(Enter as the "service computation date" on the employee's "Service Record Card," SF-7)

| YEARS | MONTHS | DAYS |
|-------|--------|------|
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REMARKS:

SECRET

| | | | |
|---|--|--|--------------------------------------|
| 1. NAME (Last, First, Middle)
FOX, JEROME (NMI) | | 2. DATE OF BIRTH
<div></div> | 3. GRADE
GS-13 |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)
DDP/CE/ <div></div> | | 5. PRESENT POSITION
Ops Officer - <div></div> | 6. EMPLOYEE EXTENSION
6109 |
| 7. PROPOSED STATION
<div></div> | | 8. PROPOSED POSITION (Title, Number, Grade)
OPS Officer-4947-GS-13 | |
| 9. ESTIMATED DATE OF DEPARTURE
10 May 1969 | | 11. NO. OF DEPENDENTS TO ACCOMPANY
3 | |
| 12. COMMENTS
Request evaluation of current medical for proposed PCS assignment | | | |
| 13. DATE OF REQUEST
24 Jan 1969 | | 14. <div></div> | |
| 15. ROOM NUMBER AND BUILDING
5 U 22 | | 16. EXTENSION
6109 | |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION | | | |
| 18. OFFICE OF SECURITY DISPOSITION | | | |
| OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

27 MAR 1969
QUALIFIED FOR OVERSEAS ASSIGNMENT
<i>W. C. [Signature]</i>
Chairman, Overseas Candidate Review Panel | | | |
| REQUEST FOR PCS OVERSEAS EVALUATION | | | |

259a USE PREVIOUS EDITIONS

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET

| | | | |
|--|---|---|--|
| 1. NAME (Last, First, Middle)
Fox, Jerome (RMI) | | 2. DATE OF BIRTH
<div></div> | 3. GRADE
GS-12 |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)
DLP/TE | | 5. PRESENT POSITION
Ops Officer | 6. EMPLOYEE EXTENSION
140 |
| 7. PROPOSED STATION
<div></div> | | 8. PROPOSED POSITION (Title, Number, Grade)
Ops Officer/441/GS-13 | |
| 9. <div></div> | | 10. ESTIMATED DATE OF DEPARTURE
1 June 1968 | 11. NO. OF DEPENDENTS TO ACCOMPANY
3 |
| 12. COMMENTS

Request that Subject's <div></div> physical be re-evaluated for the above PCS assignment. | | | |
| 13. DATE OF REQUEST
23 December 1967 | 14. SIGNATURE OF REQUESTING OFFICIAL
<div></div> | 15. ROOM NUMBER AND BUILDING
5 E 22 | 16. EXTENSION
6109 |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION

<div></div> | | | |
| 18. OFFICE OF SECURITY DISPOSITION

<div></div> | | | |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

<div></div> | | | |
| REQUEST FOR PCS OVERSEAS EVALUATION | | | |

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

A: FULL NAME Miss JERINE FX
(Use No Initials) Mr. (First) (Middle) (Last)
Mrs.

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS N. N.
(St. and Number) (City) (State) (Country)

B. NICKNAME WHAT OTHER NAMES HAVE YOU USED? N.A.

..... UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE
NAMES?

HOW LONG? IF A LEGAL CHANGE, GIVE PARTICULARS

C. DATE OF BIRTH Oct 9, 1918 PLACE OF BIRTH FLORIDA U. S. KINDS
(City) (State) (Country)

D. PRESENT CITIZENSHIP U. S. A. BY BIRTH? YES BY MARRIAGE? NO
(Country)

BY NATURALIZATION CERTIFICATE NO. 42 ISSUED BY
(Date) (Court)

AT _____
(City) (State) (Country)

1. HAVE YOU HAD A PREVIOUS NATIONALITY? NO
(Yes or No) (Country)

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY? (Country)

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP: *N/C* GIVE PARTICULARS:

(2)

K. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? NA

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U. S. VISA _____
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED ☒ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE _____
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, NY SEPT 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1930 PLACE OF BIRTH JACKSON, TENN MADISON
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____

OCCUPATION CLERK LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO _____ BRANCH OF SERVICE _____
(Date) (Date)

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? NA

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY?

LAST U. S. VISA
(Number) (Type) (Place of Issue) (Date of Issue)

Sec. 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT

EYES HAIR COMPLEXION SCARS

BUILD OTHER DISTINGUISHING FEATURES

Sec. 3. MARITAL STATUS

A. SINGLE MARRIED ☒ DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT 3, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1926 PLACE OF BIRTH TACOMA, WASH. WASH.
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BORN WHERE?
(City) (State) (Country)

OCCUPATION LABOR LAST EMPLOYER

EMPLOYER'S OR BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO BRANCH OF SERVICE
(Date) (Date)

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
2. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
3. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME
(First) (Middle) (Last)
LIVING OR DECEASED DATE OF DECEASE CAUSE
PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY
CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
OCCUPATION LAST EMPLOYER
EMPLOYER'S OR OWN BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM TO BRANCH OF SERVICE
(Date) (Date)
COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME
(First) (Middle) (Last)
LIVING OR DECEASED DATE OF DECEASE CAUSE
PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)
CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

(4)

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

SEC. 7. BROTHERS AND SISTERS (Including half, step, and adopted brothers and sisters):

1. FULL NAME _____ AGE _____
(First) (Middle) (Last)PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)2. FULL NAME _____ AGE _____
(First) (Middle) (Last)PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)3. FULL NAME _____ AGE _____
(First) (Middle) (Last)PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)4. FULL NAME _____ AGE _____
(First) (Middle) (Last)PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)5. FULL NAME _____ AGE _____
(First) (Middle) (Last)PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____PRESENT, OR LAST, ADDRESS _____ JEAN MADISON
(St. and Number) (City) (State) (Country)DATE OF BIRTH _____ PLACE OF BIRTH JACKSON, TENNIF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1910CITIZENSHIP U.S. WHEN ACQUIRED? BIRTH WHERE? _____
(City) (State) (Country)

OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)
LIVING OR DECEASED DECEASED DATE OF DECEASE MAY 1955 CAUSE L.I.C. 10012
PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country) TEANA MADISON
DATE OF BIRTH _____ PLACE OF BIRTH INDICISPORT, N.Y.
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? _____
(City) (State) (Country)
OCCUPATION NA LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____
ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C. DATE AUG 30, 1956
(City and State)

(Witness)

Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

PERSONAL HISTORY STATEMENT

Instructions: Answer all questions completely. If question is not applicable write "N/A". Write unknown only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 1. Type print or write carefully. Illegible or handwritten answers will not be graded.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

PERSONAL BACKGROUND

FULL NAME (Last, First, Middle)

DATE OF BIRTH (Month/Day/Year)

PLACE OF BIRTH (City, State, Country)

PARENTS (Last Name, First Name, Middle Name)

EDUCATION (School, City, State, Country)

EMPLOYMENT (Company, City, State, Country)

RESIDENCE (City, State, Country)

RELIGION (Religion, City, State, Country)

MARRIAGE (Spouse, City, State, Country)

CHILDREN (Child, City, State, Country)

ANCESTRY (Ancestry, City, State, Country)

HOBBIES (Hobby, City, State, Country)

ACHIEVEMENTS (Achievement, City, State, Country)

AWARDS (Award, City, State, Country)

REMARKS (Remarks, City, State, Country)

SIGNATURE (Signature, City, State, Country)

DATE (Date, City, State, Country)

INITIALS (Initials, City, State, Country)

REMARKS (Remarks, City, State, Country)

SIGNATURE (Signature, City, State, Country)

DATE (Date, City, State, Country)

INITIALS (Initials, City, State, Country)

REMARKS (Remarks, City, State, Country)

SIGNATURE (Signature, City, State, Country)

DATE (Date, City, State, Country)

INITIALS (Initials, City, State, Country)

REMARKS (Remarks, City, State, Country)

SIGNATURE (Signature, City, State, Country)

DATE (Date, City, State, Country)

INITIALS (Initials, City, State, Country)

REMARKS (Remarks, City, State, Country)

SIGNATURE (Signature, City, State, Country)

DATE (Date, City, State, Country)

INITIALS (Initials, City, State, Country)

REMARKS (Remarks, City, State, Country)

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DATE (Date, City, State, Country)

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DATE (Date, City, State, Country)

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REMARKS (Remarks, City, State, Country)

SIGNATURE (Signature, City, State, Country)

DATE (Date, City, State, Country)

INITIALS (Initials, City, State, Country)

REMARKS (Remarks, City, State, Country)

SIGNATURE (Signature, City, State, Country)

DATE (Date, City, State, Country)

INITIALS (Initials, City, State, Country)

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2-3. **UNIT DATA ON DEPENDENTS** (Include Parent Dependents)

DECLASSIFIED

ADDRESS



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SECRET

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

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DATE OF DEPARTURE



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(continued)

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1. *Pharmaceutical industry*—United States—History—20th century—Congresses.

...and the other is the fact that the system is not yet fully operational.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

[illegible]

NOTICE OF DEATH

FULL NAME _____
AGE _____ SEX _____
LIVING OR DECEASED _____ DATE OF DEATH _____
RESIDENT OR LAST ADDRESS _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
IF BORN OUTSIDE U.S. GIVE DATE AND PLACE OF BIRTH _____
CITIZENSHIP _____ GIVE ADDRESS _____
OCCUPATION _____

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO RESIDE IN A FOREIGN COUNTRY OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

NAME _____
RELATIONSHIP _____
RESIDENCE _____
CITIZENSHIP _____
OCCUPATION _____

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO RESIDE IN THE UNITED STATES:

NAME _____
RELATIONSHIP _____
RESIDENCE _____
CITIZENSHIP _____
OCCUPATION _____

[illegible]

1. ACTIVE U.S. OR FOREIGN MILITARY SERVICE

NAME: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

DATE OF BIRTH: [REDACTED] SEX: [REDACTED] RACE: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED]

RELIGION: [REDACTED] EDUCATION: [REDACTED] OCCUPATION: [REDACTED]

INDICATE PERIODS OF MILITARY AND RESERVE SERVICE

2. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS - ACCOUNT FOR ALL PERIODS - INCLUDE CASUAL EMPLOYMENT - INCLUDE ALSO PERIODS OF UNEMPLOYMENT - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

3. EDUCATION - LIST ALL SCHOOLS ATTENDED - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

4. EMPLOYMENT FOR PAST 15 YEARS - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

5. OCCUPATION - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

6. RELIGION - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

7. DATE OF BIRTH - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

8. SEX - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

9. RACE - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

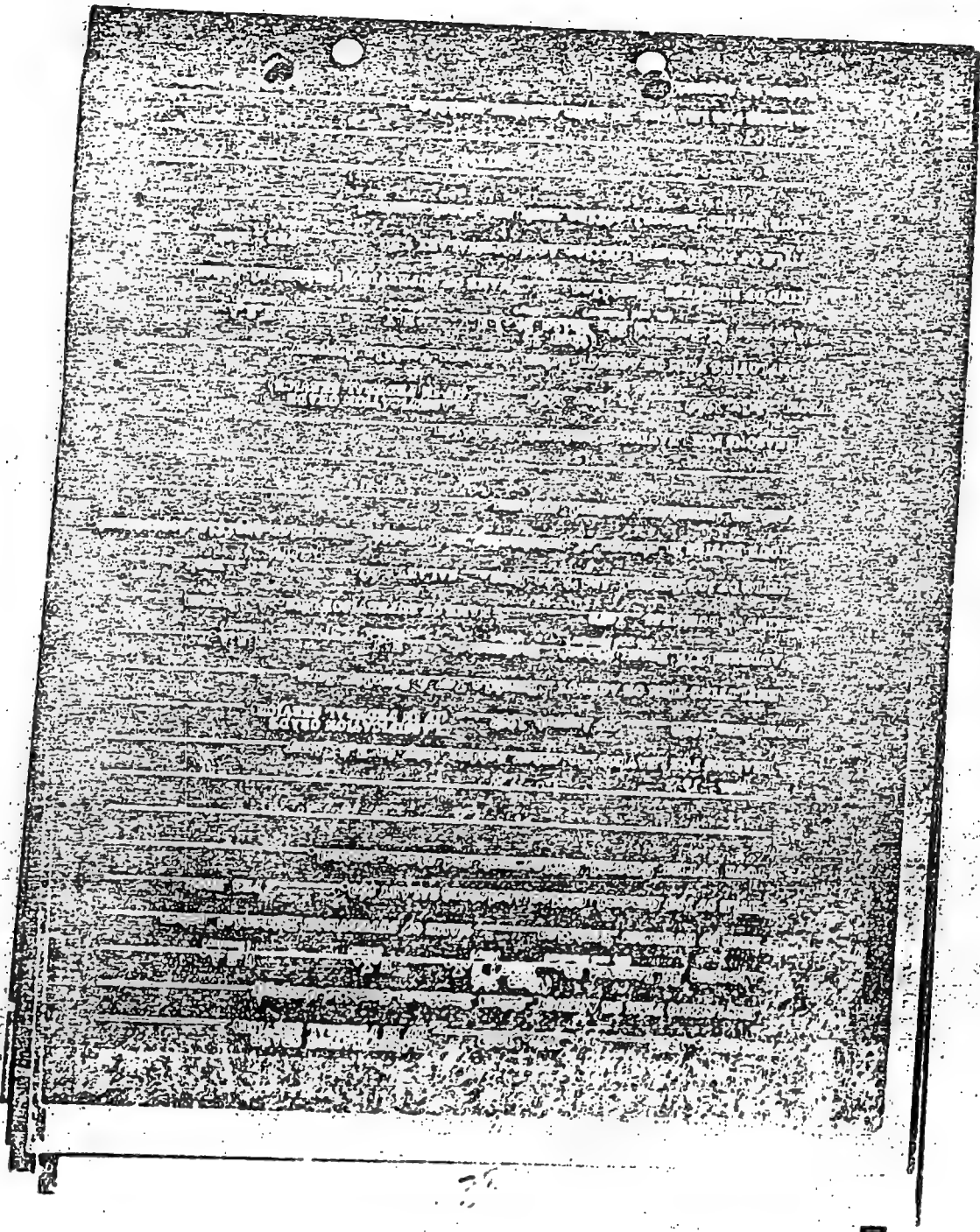
10. HEIGHT - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

11. WEIGHT - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

12. RELIGION - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

13. EDUCATION - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST

14. OCCUPATION - GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT - LIST LAST POSITION FIRST



1. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY OCCUPATION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

2. CENTRAL QUALIFICATIONS

FOREIGN LANGUAGE(S) KNOWN: _____

LANGUAGE KNOWN: _____

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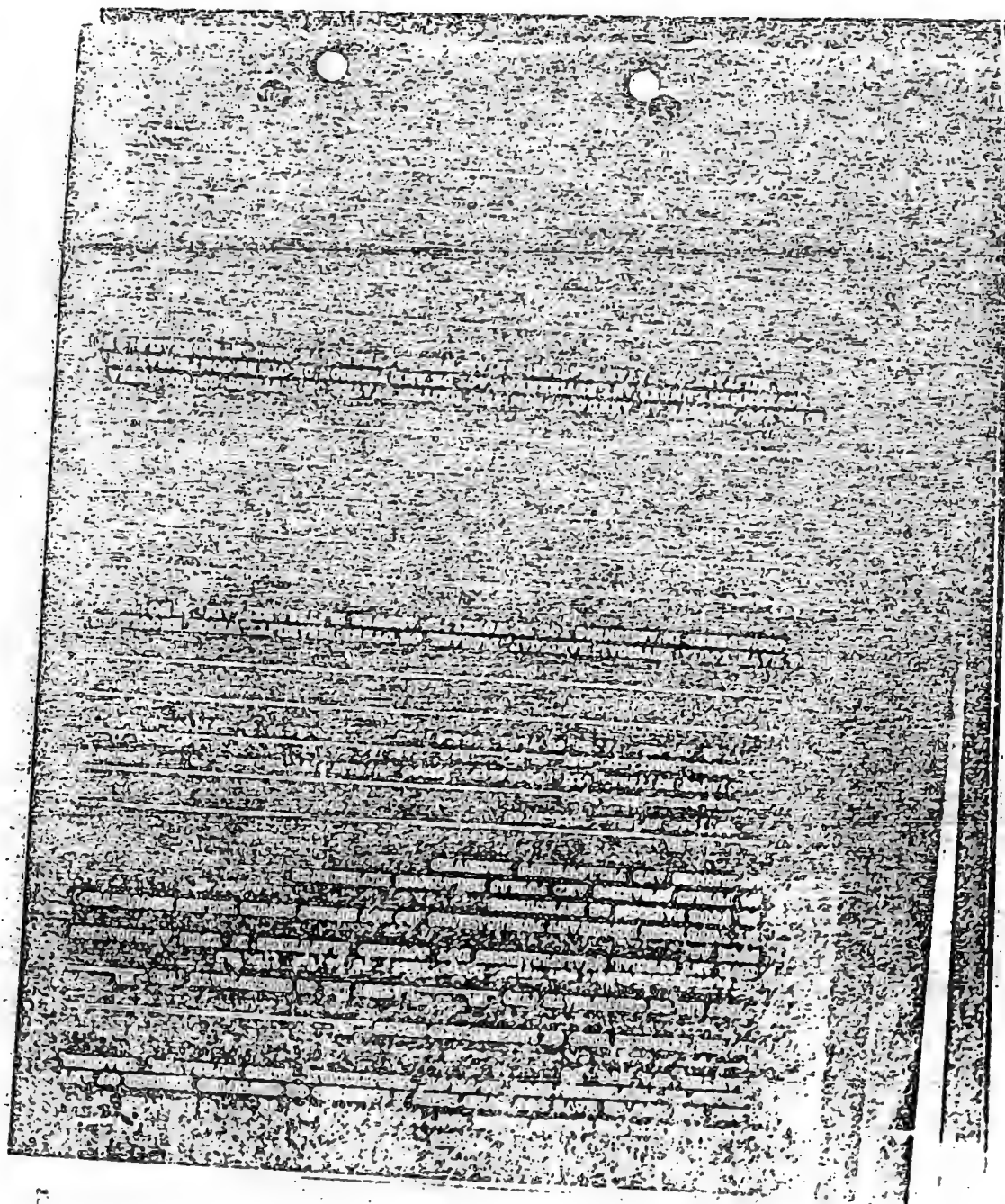
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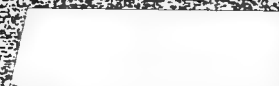


1. GIVE FIVE CHARACTER REFERENCES IN THE U. S. WHO KNOW YOU INTIMATELY - (Give names and business addresses where possible.)



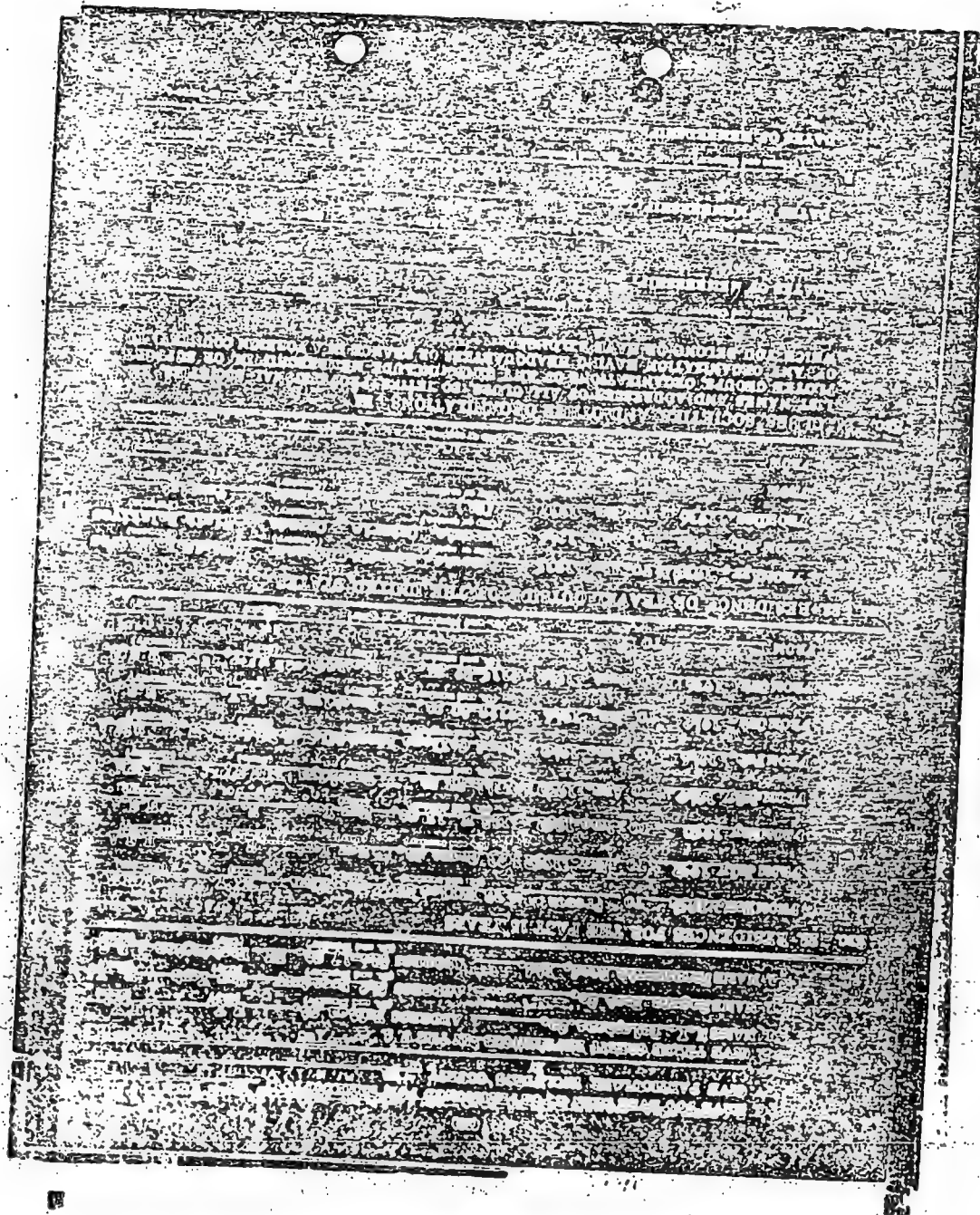
Mr. [Redacted] 7-10-50 New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
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Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.

2. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES
NOT REFERENCES, RELATIVES, SUPERVISORS OR EMPLOYERS - (Give names
and business addresses where possible.)



Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.
Mr. [Redacted] 102-2nd St. New York, N. Y.

133D



DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

MISCELLANEOUS

DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL GOVERNMENT OF THE UNITED STATES? NO

IF YES, EXPLAIN

DO YOU HAVE

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1. NAME OF THE PARTY: [REDACTED]

2. ADDRESS: [REDACTED]

3. CITY: [REDACTED]

4. STATE: [REDACTED]

5. ZIP: [REDACTED]

6. PHONE: [REDACTED]

7. FAX: [REDACTED]

8. E-MAIL: [REDACTED]

9. DATE OF BIRTH: [REDACTED]

10. DATE OF DEATH: [REDACTED]

11. DATE OF MARRIAGE: [REDACTED]

12. DATE OF DIVORCE: [REDACTED]

13. DATE OF SEPARATION: [REDACTED]

14. DATE OF REENTRY: [REDACTED]

15. DATE OF EXIT: [REDACTED]

16. DATE OF ENTRY: [REDACTED]

17. DATE OF DEPARTURE: [REDACTED]

18. DATE OF ARRIVAL: [REDACTED]

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99. DATE OF DEPARTURE: [REDACTED]

100. DATE OF ARRIVAL: [REDACTED]

340 *Journal of Interpersonal Violence*

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Living
Brooklyn, N.Y., U.S.A.
New York City, N.Y., U.S.A.
died father on Oct. 12, 1947.

Sec. 10 - Federal - Irving, Alaska

Toronto, Ontario, Canada
 Toronto, Ontario, Canada
 Toronto, Ontario, Canada
 Toronto, Ontario, Canada

المجلس الأعلى للمعوقين

1. The first step in the process is to identify the problem. This involves gathering information about the situation and understanding the needs of the stakeholders involved.

2. Once the problem is identified, the next step is to develop a plan. This involves setting goals, identifying resources, and determining the steps that need to be taken to address the problem.

3. The third step is to implement the plan. This involves putting the plan into action and monitoring progress to ensure that the goals are being met.

4. Finally, the fourth step is to evaluate the results. This involves assessing the effectiveness of the plan and making adjustments as needed to improve the outcome.

1-101

SUBJECT: [REDACTED]

TO: [REDACTED]

1. On the basis of your day-to-day supervision of the Chief of Police, you are to submit your own estimate of the performance of the Chief of Police for the period of the Intelligence Department during the period of the 1950-1951 fiscal year.

2. You are to submit your estimate of the Chief of Police's performance in the following areas: (a) Administration, (b) Supervision, (c) Leadership, (d) Initiative, (e) Judgment, (f) Integrity, (g) Personality, (h) Other. Your estimate should be based on your own observations and not on the opinions of others. You should also indicate the reasons for your estimate and the actions you have taken to improve the Chief of Police's performance.

3. Your estimate should be submitted to the Director of the Intelligence Department by the end of the month of January, 1952. It should be in the form of a letter to the Director, signed by you, and should be accompanied by a copy of your estimate of the Chief of Police's performance in the areas listed above.

4. Your estimate should be submitted to the Director of the Intelligence Department by the end of the month of January, 1952. It should be in the form of a letter to the Director, signed by you, and should be accompanied by a copy of your estimate of the Chief of Police's performance in the areas listed above.

5. Your estimate should be submitted to the Director of the Intelligence Department by the end of the month of January, 1952. It should be in the form of a letter to the Director, signed by you, and should be accompanied by a copy of your estimate of the Chief of Police's performance in the areas listed above.

CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 2 August 1955

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: FOX, Jerome

Your Reference: SR-9299-A ORR

Case Number: 102815

1. This is to advise you of security action in the subject case as indicated below:

- ☒ Security approval is granted the subject person for access to classified information.
- ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

Ernest P. Weiss
Ernest P. Weiss
W

*Branch advised
3/4/55*

CONFIDENTIAL

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SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division
Personnel Office

FROM: Chief, Security Division
Personnel

SUBJECT: FOX, Jerome - #102815

Request No. SR-9299-A - ORR

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following positions:

Ident. Spec. GS-7, DDI/ORR-Office of the Chief, Washington, D. C.

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subjects: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.


Ernst P. Geiss

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